# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13279

13816

1, PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	O STATE	(Where deceased live ryland	d. If institution: b. COUNTY	Residence before Frede:		on)
SabiII	I (If autside carporate limits, write nearest town le	Lifetime		(If outside corporate I		AL and give ne	arest tawn)	
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give street Home	oddress)	d. STREET ADDRES	SS			e. IS RESIL	FARM?
3. NAME OF DECEASED (Type or print)	Alvin Art	hur Anderso	n last	4. DATE OF DEATH	Dec.	26	.,	9 60
s. sex male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED TO DIVORCED DIVORCED	Aug. ?	1893 %		UNDER 1 YEAR	Hours Hours	Min.
10a. USUAL OCCUPA during most of w Laborer	TION (Give kind of wark done 10b. arking life, even if retired)	KIND OF BUSINESS OR INDU Farmors	ISTRY 11. BIRTHPLACE (S Mary		1)	12. CITIZEN O	S.A.	UNTRY?
13. FATHER'S NAME Albert	Anderson		14. MOTHER'S MAID		or			
15. WAS DECEASED E	. FIE Since as deader of complete	SOCIAL SECURITY NO. 17.1	Francis M	anahan	Sab13	llasvi	lle,	Md.
Canditions, it gave rise to cause (a), static lying cause la	immediate DUE TO	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE I	TERMINAL DISEASE CO	ndition given	IN PART 1(0)	19. WAS A PERFOR	MED?
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injur	ry in Part I or Part II at	Fitem 18.)			hand
20c. TIME OF INI	n. None 10 White	Not while fo	LACE OF INJURY (Hame, octory, street, affice bldg		awn)	(County)		(State)
	hat (1) (this hospital) attended	ded the deceased from		1959, to Te		, 19 <b>60</b> , th		
22a. SIGNATURE	Sames Tora	Ly	M.D. ATTENDING PHYS.		TAFF HYS.		22b.	DATE SIGNED
NAME (Type		ay	22d. ADDRESS	Thurmont	, Mary	yland		
Buffal (Speci	12-29-60	Blue Ridge	or Cemetery	23d. LOCATION Thu	(City, town, or comont,		and	)
24 JUNERAL DIRECTO	or's SIGNATURE COLLEGE	ADDRESS Thurmont	M.a	REC'D BY REGISTRAR E DEC 3 0 '60		MAR'S SIGNATURAL SIGNATURA SIGNAT		

TO HOSPITAL VR A15 (4) 15M 9/59

BOUGHT OF STATE OF THE STATE OF Cirobert Management Management and the same of th garge56% desides migra TOTAL MACTOR Altert Anderson . Littlemanifolds and man discount its - it-• 1 carly and property protections and the self the self the 

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10011	CERTIFICATI	OF DEATH		19014
1. PLACE OF DEATH b. COUNTY Frederick	MARYLAND 2	USUAL RESIDENCE (Who, STATE	b. COUNTY	on: Residence before odmission)  Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town).  Frederick	c. LENGTH OF STAY IN 16		utside corporote limits, write R	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Frederick Memorial		d. STREET ADDRESS	st Third Stree	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle VanFossen	Atkinson	4. DATE Mon OF DEATH December	-
	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years lost birthdoy) 79 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired)  Homemaker	KIND OF BUSINESS OR INDUSTR	Frederick,		U.S.A.
13. FATHER'S NAME  W. Scott VanFossen		Harriet L	- 1	
	None Mrs	Paul S. Mi	cheal 216 Lir	dbergh Ave. Fred
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS	CARCINO MA	OF COLO		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in I	Port I ar Port II of item 18.)	YES NO M
20c. TIME OF INJURY Month, Doy, Year 20d. 1 Hour o. m. 19 While of wor	No! while fector	E OF INJURY (Home, farm y, street, affice bldg., etc	20f. (City or town)	(County) (State
21. 1 certify that (1) (this haspital) attends as the deceased alive an 11.30 220. SIGNATURE Richard C. Rey	1	ATTENDING MI		d an the date stated abave.
22c. PHYSICIAN'S NAME (Type)  Dr. Richard C. I			Church Street	Frederick, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR'S SIGNATURE	Mt. Olivet Co	metery		or county) (State)  Pryland  STRAR'S SIGNATURE
Walet E Vailey 42	Frederick, Ma	hrafum		Lathur & Kraus

ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 haurs after death. Page 4 may be rebo. by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pages I and the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL

VR A15 (4) 15M 9/59

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within 72 hours ofter death

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

13273 CERTIFICA	IE OI DEAIII
1. PLACE OF DEATH O. COUNTY FYEDEVICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE  Nary land b. COUNTY Frederical
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If our side corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION F VEREXICLE DIEMORICAL HOSPITAL	d. STREET ADDRESS  323 East Third Street on A FARM?  YES   NO
3. NAME OF DECEASED (Type or print) Back Balon Girl	BARR DEATH DECEMBER 24 19 60
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years lest birthdoy) Months Days Hours Min.  12. 2-1 60 Min.
108. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRIES OF I	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  May - land US. A
13. FATHER'S NAME Richard Donald Back	14. MOTHER'S MAIDEN NAME  Examous Irene Ditterman  NORMANT  Address
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dottee of service)	Frether - 223 East Third st
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Mella Interval BETWEEN ONSET AND DEATH 2 & crus
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last.  DUE TO  DUE TO  (b)  DUE TO  (c)	ty (couse unterierun)
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sum no \square\)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

23c. NAME OF CEMETERY OR CREMATORY

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 0. m Not while at work ot work p. m.

23b. DATE THEREOF

27,1960

20a. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (Stole)

13818

21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at/ M, fram the causes and on the date stated above saw the deceased alive an

220 SIGNATURE

MEDICAL

M.D.

ATTENDING MED. DIRECTOR STAFF PHYS. 22d. ADDRESS

12/21/1960

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION.

Thomas, Jr Bernard O.

23d. LOCATION (City, town, or county)

(State)

Burial (Specify) Dec. 24. FUNERAL DIRECTOR'S SIGNATURE

Mount Olivet Cemetery ADDRESS

25a. REC'D BY REGISTRAR

DATE

25h. REGISTRAR'S SIGNATURE

Etchison & Son, Frederick, Maryland

Cirching & Hingro

VR A1S (4) land

N. N. St. Communication of the North Communicati (-J - X The second of th

	PLACE OF DEATH				2. USUAL RESIDENCE		ved. If institu		before admission	2
-	o. COUNTY	Frederic	k	MARYLAND	o. STATMary	land	b. COUNT	Fr	ederic	k
	and cive neprest to	(If autitide corporate limits, write with the corporate limits with the co		Years.	New	(If outside corporot Windsor			e negrest lown)	
	d. NAME OF HOSE	te 2	If not in hosp	pitot, give street address)	d. STREET ADDRESS				e. IS RESID ON A F YES A	
53	NAME OF DECEASED (Type or print)	Charle		Theodore	Bair	4. DATE OF DEATH	Month		8, Year	60
5	sex male	6. COLOR OF RACE	7. MARRIE	D NEVER MARRIED DIVORCED		1881	GE (In years of birthday)	Months Days	-	
1	during most of wor	king life, even if retired)		IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SIG		у)	12. CITIZEN	U. S.	UNTRY
	3. FATHER'S NAME				14. MOTHER'S MAIDEN					
	Georg	ge E. Bair			Annie 1	Riggle				
1	5, WAS DECEASED Yes, no. or unknown) NO	(If you give way or dates of	RCES? 16. 5	1 01 0	res. Daisy	Condon,	Address Mt.	Airy,	Md.	
1		ATH Enter only one country one country was caused by: IMMEDIATE CAUSE (c)			ion by har	nging		The Co	HERVAL BETWEEN HEET AND DEATH	
	97	OUE TO								
	Conditions, if			Suicide						
	(a), stating the	underlying DUE TO								
)	5		DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIV	EN IN PART HO	PERFORME	
_		AUSE WAS ONTRIBUTING   20	b. DESCRIBE	HOW INJURY OCCURRED.	Enter noture of injury in P	ert I or Part II of it	em 18.)			
	20c. TIME OF IN	URY Month, Day, Yea n. 19	While	NJURY OCCURRED 20e. PL/ Not white rk ot work	ICE OF INJURY (Home, for lary, street, office bldg., e	rm. 20f. (City or 1	own)	(County)	(5	State)
1	21. I certify	that I taak charge	af the r	emains described abo	ove, held an Autor	osy . Inspe	ction 🛣,	Inquiry [	, and i	n my
- 1	opinion deat	h resulted fram:	Natural c	auses . Accident	, Suicide X,	Hamicide	. Undete	rmined man	iner 🔲	
		Q1578	· rose	as/	M.D. CHIEF MEDICAL	EXAMINER [		12/28/	60 DATE SIGN	IEO
	ACTUAL SIGNATURE	120 spx	1100					TC1 C01	99	
		3. 0. Thom	as, N	<b>D.</b>		ICAL EXAMINER  LEXAMINER		erick,	Md.	

New Windsor, Md .ATE MAN ?

Winfield Md.
24c. REC'D BY REGISTRAR 24c. REGISTRAR'S SIGNATURE

arthur S. Hyrus

5M 2/57

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessary, please

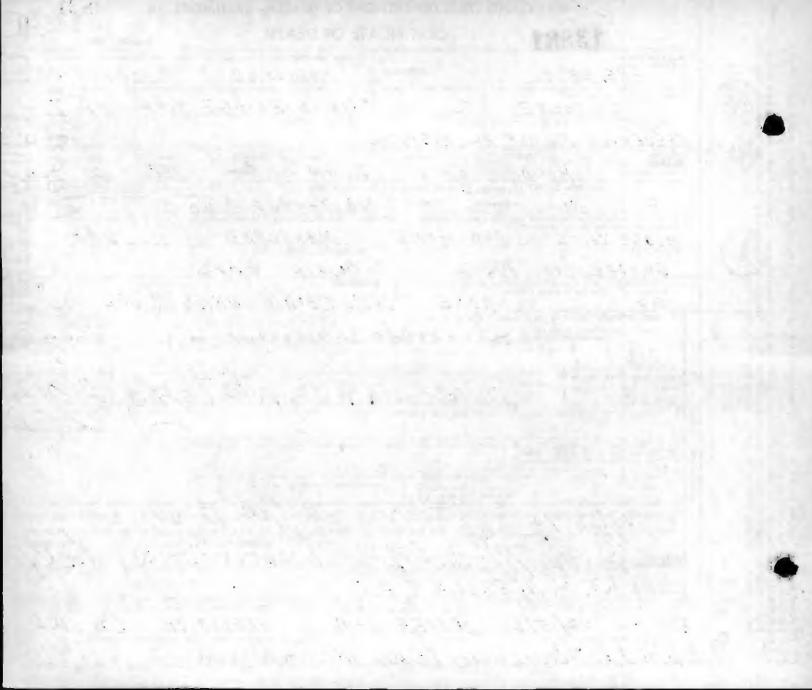
HTARO TO STADRITUS LEISTINGARE OF DEATH A STATE OF THE PARTY COME. The second of th 

13820

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) YES NO Day Year 1960 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET-AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19. WAS AUTOPSY DEFFORMED? NO P (County) (Stote) Shat I last saw the deceased M. fram the causes and on the date stated above. ADDRESS (Street city of tawn, state) ACTUAL SIGNATURE PHYSICIAN' NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

RECTOR prior 3 shauld may be retain poge the 10 VS A15 (4)

15M 9/58



VR A15 (4) ISM II/S9

	13871		CERTIF	ICAT	E OF DEATH				TCO	147
PLACE OF DEATH			MARI	EANS	2 USUAL RESIDENCE (WI		Lved. If institution by COUNTY	77		
	ederick  If outside corporate limit	ts. write	c. LENGTH OF STAY	IN 1h	Lary		nte limits write Pl	Freder		
RURAL and give n	eorest town)	.,		", "	2 .		sie imino, write ni	Sirie one gira		,
Brunswi	CK IAL (if not in hospital, g	ive street	<u>years</u>		d_STREET ADDRESS	wick			a IS D	ESIDENCE
1 East E	St.					E_St.				esidence A FARM?
NAME OF DECEASED	Fire	st	Middle		Lost	4. DATE	Mont	th (	Doy	Yeor
(Type or print)	Lulu		E.		Brown	OF DEATH	12	)	9	1960
SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED [] 8	DATE OF BIRTH	1	9 AGE (in years	IF UNDER TYEA	R IF UN	
0	white	WIDOWE			9/31/1885		fost birthdoy) 75'yrs.	Months Doys	Hour	s Min.
female			- Ca		RY 11. BIRTHPLACE (Slote	or fareign co-		12. CITIZEN	DE WHAT	COUNTRY
during most of wor	king life, even if retired)	)	own ho							
3. FATHER'S NAME	710		OWII IIO	ine	Mary L				·S.	
	Gordon					Z.				
					Nancy	-				
	R IN U.S. ARMED FOR If yes, give wor or dates of si		none	Mr	s. Glenn S	owers	, Bruns	East E	Hd.	t.
18. CAUSE OF DEA	ATH [Enter only ane ca	use per lin	ne far (a), (b), and (c)	1				lik	TERVAL	BETWEEN
	ATH WAS CAUSED BY:	T)	Imonapu i		_			01		ID DEATH
1 1 1	IMMEDIATE CAUSE (o	-	T 210 09 15/ 3	المسكسان	-				- 4	-V
	13 X DUE TO		1 4	7-4	1 7 4 7					
Conditions, if d		1 00	ngestive	llea	rt Philure				) <i>[</i> []	<u> </u>
cause (a), stoting									_	
lying couse lost	) (c	<u> </u>	<u>portensio</u>	on					5 Y	25.
PART II OTI	HER STGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE	CONDIT ON G V	EN IN FART 1(0)	PER	S ALTOPS) FORMED?
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b DESC	CRISE HOW INJURY O	CCURRED	(Enter noture of injury in	Port I or Parl	II of item 18 )			
				Too 814	ee of triviby the					10.
20c TIME OF INJUR	RY Month, Day, Yes	While	NJURY OCCURRED  Not while  all wark		CE OF INJURY (Home, farm ory, street, office bldg., etc		or lawn)	(Count	/)	(Stote
21 I certify the	ot (1) (this hospital	) attend	led the deceased	fram	Dec. 31. 19	58.to_1	Dec. 9.	19_60	that (I)	(we) los
					eath occurred at 1					
220 SIGNATURE	aca ame on Jagaz			TIMI O	Sam occorred Gro_E3	,, ever, e and a m	Ne cooses on	a on the da		22b DATE
-	7		8 -	> "	D PHYS D	ED RECTOR	STAFF	De	//	SIGNE
22c PHYS CIAN'S			S. C.	- 1	22d ADDRESS	WECOOK [	11113	de		7
NAME (Type)	T.M. Berron	Kao	. H.D.		15 S M	ופּ[זייר	nd Ave.	. Prun	സേറ്റ	ole h
	A. 4 m. 4 m. 7 m. 7 m. 4 m.							***************************************		
30 SURIAL, CREMAT C REMOVAL (Specify)	DN, 236 DATE THEREC	/ _	23c NAME OF CEM			23d, LOCAT	ION (City, town, o	or county)	(5)	tote)
buil al	12/11/	1960	Pleasan	t Vi	ew Cem.	Mide	iletown	. Md.		
4 FUNERAL DIRECTOR			ADDRESS			D BY REGISTE		TRAR'S SIGNAT	URE	
Gladhil	1 Company		Middleto	wn.	1.d . DATE DE	C 1 3 '60	) (3.	in & to	us	



### CERTIFICATE OF DEATH

13822

		3872	CERTIFICA	AIL OF D	EAIN		Reg. Dist. No	).
	COUNTY FT	ederiek	MARYLAND	o. STATE	ENCE (Where decease aryland	ed lived. If institution b COUNTY	r: Residence before Frede:	
F	RURAL and give nea		1 7 2	1	OWN (If outside corp	orate limits, write Rl	JRAL and give ne	rarest fown)
	<u>Bruns</u> wic		15 years		iswick			
d. !		West "B" S	treet oddress)	d. STREET AC		Street		e. IS RESIDENCE ON A FARM? YES NOTE
DEC	ME OF CEASED pe or print)	John First	Thomas	Bush	4. DATE OF DEATH	Moni 12		14 1960
5 SEX	alo	COL	WARRIED NEVER MARRIED	8. DATE OF SIRTH	89 <b>5</b>	9. AGE (In years last birthdoy)	Months Days	R IF UNDER 24 HRS. Hours Min.
de	ISUAL OCCUPATION uring most of working	N (Give kind of work done ng life, even if retired)	106 KIND OF BUSINESS OR INDI Apartment Ho	JSTRY 11 BIRTHPLA	~ //		U.S.	F WHAT COUNTRY?
13. FA	THER'S NAME			14. MOTHER'S	MAIDEN NAME			
		Un Known			Su	san Bush		
15. W/ (Yes, no		IN U. S. ARMED FORCES? yes, give war or dates of service)	16. SOCIAL SECURITY NO. 219-12-0912	James B	eamer,Br	Addr unswick,		nd
(c)	Conditions, if any gove rise to im couse (o), stoling the ying couse lost.	mediate DUE TO	1. July 12	0	-V-18	den	/	SET AND DEATH
F CATION			ONS CONTRIBUTING TO DEATH BU				EN IN PART ((0)	PERFORMED?,
2 (16	F EITHER, NOTIFY W	UNDERLYING (1) 206. CAUSE OF DEATH REDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	tD. (Enler nature of	injury in Port I or Po	iff of item (8.)		
MEDICAL	c. TIME OF INJURY Hour a.m. p. m.	. W		LACE OF INJURY IN octory, street, office		ly or town)	(County	) (State)
a	CTUAL GNATURE	of I offended the dec	ceosed fram	Y - 196	Marie Control of the	./	d on the dot	w the deceased e stated above. DATE SIGNED 2 16-6
N.	AME (Type)	.E.Pruitt	VIII		Brur	ıswick	Maryla	and
22o 8	URIAL, CREMATION EMOVAL (Specify)	, 221 DATE THEREOF	22c. NAME OF CEMETERY C		22d LOC	ATION (City, Iown, o	or county)	(State)
$\mathbb{E}$	Burial	12-17-60	Pleasant			The second second		ryland
23. FU	MERAL DIRECTOR'S		ADDRESS		24a. REC'D BY REGIS		TRAR'S SIGNATU	
10%	111 71	elle sru	nswick, Maryla	nd	DATEDEC 2 3 16	0 / Cm	in S. Firest	A

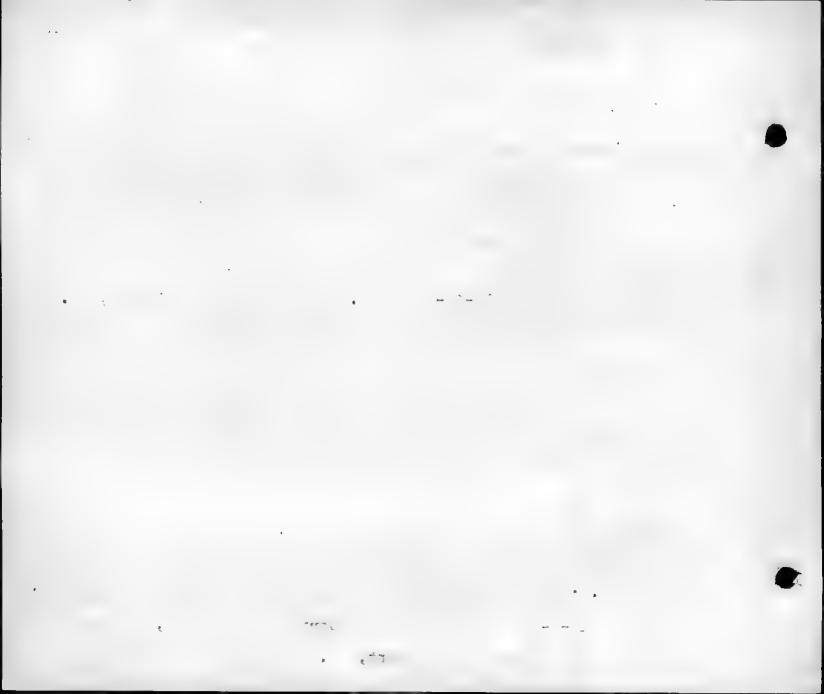
e funeral director, 2 should be filed with TO HOSPITAL STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be rest. 3 by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 llours offse-death. VS A15 (4) 15M 9/58

after death. Page 4



Burial



## MARYLAND STATE DEPARTMENT OF HEALTH

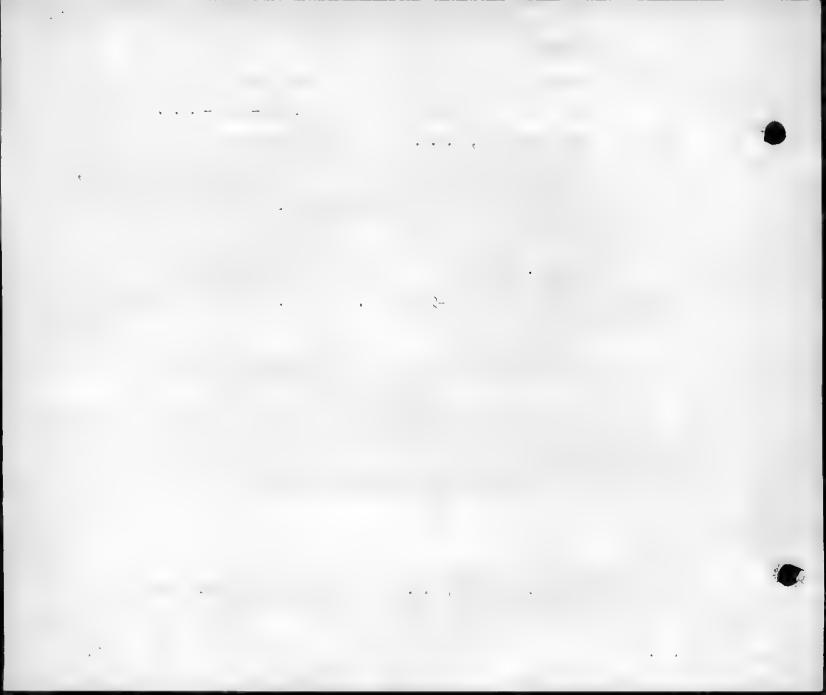
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13825

L	1 2027	GERIIIIGAI	E OI DEFIII			
1	PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (W			ence before admission)
1	Frederick	MARKANII	Mary.	land	Fred	lerick
	<ul> <li>CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate l'in	nits, write RURAL and	give nearest town)
1	Frederick	Minutes	Frederic	ck-Rural-	R.F.D.#5	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	-		e. IS RESIDENCE ON A FARM?
	Frederick Memorial Hospit	al, D.O.A.	Ronud Hil	l Road		YES NO 🚺
3	NAME OF Pirst DECEASED (Type or print) ROBERT	BOUCHER	CROTHERS	4. DATE OF DEATH	December 1	er 23, 19 60
S	. SEX 6. COLOR OR RACE 7. MA	RRIED A NEVER MARRIED B	. DATE OF BIRTH	_ lost	E (In years   IF UNDE birthday)   Months	R 1 YEAR IF UNDER 24 HRS
L	Male White WIDOV	WED DIVORCED I	December 21,	1893 6	7 yrs.	Days Hours Min.
11	Oa USUAL OCCUPATION (Give kind of work done 10) during most of working life, eyen if retired)				12 CI	TIZEN OF WHAT COUNTRY?
L	Retired President	ime Company	Maryla	nei		USA
1:	FATHER'S NAME		14. MOTHER'S MAIDEN			
Ž.	William J. Cro			rriett Bo	ucher	
	Yes, no, or unknown) [ (If yes, give war or dates of service)		ORMANT	_	Address	
L	Yes WW1	217-10-9400 Mrs	s. Adelle S.	Crothers	, Same as	Item #2
	1B. CAUSE OF DEATH [Enter only one couse per	4.				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CUROWARY	/HROMBOSIS			minutes
	LA J.CT DUE TO	•	Λ			
	Canditians, if any, which	IPERTENSIVE !	4RTERIOSCLE	ROTIC HE	EART DISE	4SE 10 Years
	gave rise to immediate couse (a), stating the under-					
	lying couse tost. (c)					
MOLTAN	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	IINALD SEASE CON	IDITION GIVEN IN PA	PERFORMED?
ANI					. 10.1	YES NO
, CEBY1E		ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	rort I or Part II of	irem 18 )	
140,034	20c. TIME OF INJURY Manth, Day, Year 20d. Haur o. m. Whil	£4	CE OF INJURY (Home, farr	n. 20f. (City or to	wn)	(County) (Stole)
127	p. m. 19 of w	ork of work				
	21. 1 certify that (I) (this haspital) after	nded the deceased fram	July 19	60 to D	ec. 19	60, that (1) (we) last
	sow the deceased alive an 12/2					ne date stated above.
	220. SIGNATULE					22b. DATE
	Kichard C. Keyn	coles, M	D PHYS. D	IED. STA	YS 🗆	12/24/60
ı	22c PHYSICIAN'S NAME (Type) Richard C. Rey	molds. M.D.	East Chur	ch Street	. Frederic	k, Maryland
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR			City, lown, or county	
Ĺ	507/12(1pecify) 12/27/1960	Mount Olivet		Freder		Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR	25b REGISTRAR'S S	
L	M. R. Etchison & Som, Fr	GGGLTON, MALATA	DATE	EC 2 8 '60	arthur 2	Track.

VR A15 (4) 15M 9/59



TO HOSPITAL 24 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be ret.

TO FUNERAL C.RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be \*\*Letter the state of the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/S9

1. PLACE OF DEATH o. COUNTY Fr	ederick	MARYL		USUAL RESIDENCE (WI STATE Mary		lived. If institution by COUNTY	rn: Residence b Frede		sion)
b. CITY OR TOWN RURAL and give Frederick	(If autside carporate limits, wri- nearest town)	c. LENGTH OF STAY I	N 1b	city or town (if a		te limits, write Ri	URAL and give	necrest low	n)
OR INSTITUTION	Memorial Hospit			700 East	st Patr	ick Stre	et	ON	FARM?
3 NAME OF DECEASED (Type or print)	IRVIN	FRANKLIN HI	LL.	CROUSE	4. DATE OF DEATH	Dece	m ember	26,	9 60
s sex Male	6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED		une 5, 1909		AGE (In years birthday) yrs	Months Doy		ER 24 HRS Min,
during most of wa	TION (Give kind of work done) orking life, even if retired) eriff & Turnkey		NDUSTRY		or fareign cov	ntsy)	12. CITIZEN	USA	OUNTRY?
13. FATHER'S NAME	ewis Edward Cr	ouse	14	. MOTHER'S MAIDEN I		Wilhide			
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-10-2970		Elsie E.	Crouse-	Addi		2	
Conditions, if gove rise to cause (o), statin lying cause las	g the under:	Totale Co	lant	in Hear	t D	rease		4-5	year
SI CATE	THER SIGNIFICANT CONDITION  VAS UNDERLYING   G  CAUSE OF DEATH  Y MEDICAL EXAMINER)	NS CONTRIBUTING TO DEA					EN IN PART 1(	PERF	AUTOPSY ORMED?
	JRY Month, Doy, Year 20	d. INJURY OCCURRED hile Not while wark at work	20e. PLACE foctory	OF INJURY (Hame, farr street, affice bldg., etc	m, 20f. (City o	or town)	(Caur	nty)	(State)
	nat (1) (this haspital) att	ended the deceased 26 1960, and				he causes an	d an the d	ate stated	d abave.
27c. PHYSICIAN'S NAME (Type		haze	MD	ATTENDING MO 22d. ADDRESS East Chur	irector   ch Stre	et. Free		12/27, Mary	
230. BURIAL, CREMAT REMOVA (Spect	ON, 236, DATE THEREOF	23c NAME OF CEME Mount OL		EMATORY	23d. LOCAT	ON (City, town, a	or county)	Maryl:	7e)
M. R. Etc.	or's signature nison & Son, Fr	ADDRESS rederick, Mar	yland	250 RS	F R REGISTR		STRARS SIGNA		



M. R. Etchison & Son, Frederick, Maryland

Cirilar S. Krous

DATEDEC 8

'60

	i	3847		CERTIF	ICAT	E OF DEATH	1	1	3846
), PLACE o. COL	OF DEATH JNTY	Frederick		MARY	LAND	O STATE	Where deceased lived. If institution b COUNTY	, _	before admission) derick
b CITY RUR	OR TOWN (IF AL and give no <b>Frede</b>		is, write	c. LENGTH OF STAY	IN 16	,	outside corporate limits, write derick	RURAL and giv	ve nearest lown)
OR	INSTITUTION	AL (If not in hospital, a second Stre	_	ddress)		312 East S	Second Street		e. IS RESIDENCE ON A FARM? YES NO
J. NAME (Type o		ORZUL		Middle CATHER	INE	CRUM	4. DATE Mo OF DEATH DEC	ember	Day Year 9 60
	ale	6. COLOR OR RACE White	WIDOWE	DIVORCE	•		1876 9. AGE (In years birthdoy)	Manths D	YEAR IT UNDER 24 HRS
Ho	use-wor		done 10b. K	At Heme	R INDUST		aryland	12 CITIZI	USA
13. FATHE	R'S NAME	To Conservation				14. MOTHER'S MAIDEN			
1c WAS		IN U. S. ARMED FOR		OCIAL SECURITY NO	17 INE	DRMANT	n Hoffman	dress	
(Yas, no or		If yes, give war or dates of s		None			Crum- Same as I		
Cor gov caus		nmediate (	)	Semil	ety	mellita	o		INTERVAL BETWEEN ONSET AND DEATH S Y
e OR C	ACCIDENT WA	ER SIGNIFICANT CON	DITIONS CO				MINAL DISEASE CONDIT ON GO	VEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO.
		MEDICAL EXAMINER) Y Month, Day, Ye 19	While	JURY OCCURRED  Not while of work	20e PLAC	TE OF INJURY (Home, for ory, street, office bldg., e	rtc.)		ounty) (State)
saw	the deceas	t (1) (this haspital ed alive an 🔑	) attende	the deceased	fram that de		M, from the couses a		
22t.	PHYSICIAN'S NAME (Type)	TAN	you	tin	М	22d ADDRESS	MED STAFF PHYS		22b DATE 51GNED 12/6/1960
	(Type)	Rex R. Mar	tim,	M. D.		North Mai	rket Street, Fi	ederic	k, Maryland
REAK	AL, CREMATIO OYAL (Specify)	Rec.7,19	_	23c NAME OF CEM		Cemetery	23d LOCATION (City, lown, Frederick,		(State) Maryland
	PAL DIPECTOR			ADDRESS		25- 25	CID BY BECISTOAD DEL DEC	ISTRARIS CIVIL	MATURE



VS A15 (4) 15M 9/55 1

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	OCOTICIO ATT	or	DEATH	

		13848		CERT	IFICA	TE OF E	EATH	1		Reg. Dist. N	. 13	828
1	o. COUNTY Frede	rick		MAR	YLANO	a STATE .	Maryla		ved. If institution b. COUNTY	Freder:		ion)
	b. CITY OR TOWN (If outs RURAL and give nearest Frederick	ide carporate limits, tawn)		LENGTH OF STATE		N.	own (if a		e Irmits, write R	URAL and give n	earest town	)
	d. NAME OF HOSPITAL (IF OR INSTITUTION Frederick Me	not in hospital, give morial Ho	spita	ress)		d. STREET A	DORESS		_			PARM?
1	NAME OF DECEASED (Type or print)	CARRI	E	Middl REBEC	_	DEGRANG		4. DATE OF DEATH	Man De	cember	,	rear 160
		hite v	MARRIED			11 Feb		9,	AGE (In years last birthday) yrs.	Months Days		R 24 HRS Min.
1	0a. USUAL OCCUPATION (Conducting light of working light HOUSE-WORK	ive kind of work do fe, even if retired)		t Home	OR INDUS		ACE (Stote o		iry]	12. CITIZEN USA	OF WHAT	COUNTRY
1	3. FATHER'S NAME  Clifford S.	<b>Dinith</b>					_	ame ne-King	3			
/[ī	5. WAS DECEASED EVER IN (Yes, no. gr, unknown) (If yes,	U.S. ARMED FORCE	rel	One		oyd S. D	eGrane	ge (Sa	me as i			
	Conditions, if any, y gave rise to imme couse (a), storing the y lying couse last.	AS CAUSED BY, AEDIATE CAUSE (a) DUE TO which (b)	o per line f Acre Art	ar (0), (b), and (c	els	non	th Hea	romb TL	) viea	01	TERVAL BE	TWEEN DEATH
	CATIC	GNIFICANT CONDI		NTRIBUTING TO D						EN IN PART 1(0)	19. WAS PERFO YES [	RMED?
		AUSE OF DEATH		IRY OCCURRED	20e. PL#	CE OF INJURY	Hame, farm,	. 20f (City or		(Caunt	r)	(State)
	20c. TIME OF INJURY N Hour g. m. p. m.	19	While at wark	Nat while	foc	lary, street, affice		12/				
	21. I certify that I alive an 131	my V	, 12 <b>6</b> Ch	and tha	30		2:30A Churc	_M, fram 1 ADDRESS (Street ch St.	•		ate state	ed abave
1	NAME (Type) HOE  220. SURIAL, CREMATION, TEMOLOGICAL SPECIFY	· ·	ise, M	ne. NAME OF CEN Luthers		CREMATORY	erick,	22d LOCATIO	IN (City, lown.		(Stat	e)
12	3. FUNERAL DIRECTOR'S SIGNAL R. Etchi	NATURE	, Fre	ADDRESS		•	240. REC'D	8Y REGISTRA	R 24b REGI	STRAR'S SIGNAT		



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
ACCEPTIBLE ATE OF DEATH

13829

PACE OF DEATH   O. COUNTY   Prederick   C. COUNTY   Prederick   C. COUNTY   Prederick   C. COUNTY   Prederick   C. COUNTY   Maryland   Prederick   P
Brederick  b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)  Frederick  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick  d. NAME of HOSPITAL (if not in hospital, give street address)  OR INSTITUTION  I. STREET ADDRESS  ON A FARMY  YES   NO W  YES   NO W  YES   NO W  APATE  Dec. 31, 1960  19  S SEX  6. COLOR OR RACE  WIDOWED   DIVORCED   B DATE OF BIRTH  Dec. 31, 1960  19  S SEX  Male  Winte  WIDOWED   DIVORCED   April 5 1897  S SEX  S COLOR OR RACE  WIDOWED   DIVORCED   April 5 1897  S SEX  S COLOR OR RACE  WIDOWED   DIVORCED   April 5 1897  S SEX  S SEX  S COLOR OR RACE  WIDOWED   DIVORCED   April 5 1897  S SEX
b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town) Frederick  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hos.  2. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hos.  3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hos.  4. DATE OF BIRTH Dec. 31, 1960 19 SEEX OCCUPATION (Give kind of work done lib KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stote or foreign country)  Virginia  13. FATHER S NAME Unknown  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. II. INFORMANT Ven. no. or withown)  16. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which gover rise to immediate  DUE TO Canditions, if any, which
Andreward   Andr
Frederick Memorial Hos.  2. NAME OF DECEASED (Type or print)  S SEX    6. COLOR OR RACE   7. MARRIED   DIVORCED   DIVORCED   April 5 1897   Age (In year)   Months   Days   Mours   Min.    100 JSUA. OCCUPATION (Give kind of work done done of work done downing mast of working life, even if relized)  Farm Laborer  13. FATHER'S NAME  Unknown  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Laborer   Months   Month
Frederick Memorial Hos.  2. NAME OF DECEASED (Type or print)  S SEX    6. COLOR OR RACE   7. MARRIED   DIVORCED   DIVORCED   April 5 1897   Age (In year)   Months   Days   Mours   Min.    100 JSUA. OCCUPATION (Give kind of work done done of work done downing mast of working life, even if relized)  Farm Laborer  13. FATHER'S NAME  Unknown  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Laborer   Months   Month
(Type or print)  JESSE  DONOVAN  S SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   M21e   WIDOWED   DIVORCED   April 5 / 1898 1897   83 birthday)   Months   Days   Hours   Min.    100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired)   Virginia    113. FATHER S NAME   Unknown   Virginia    115. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17. INFORMANT   Months   Days   Hours   Min.    116. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).    PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   During on 1/2   DUE TO    Canditions, if any, which   Governing of the price o
(Type or print)  JESSE  DONOVAN  S SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   M21e   WIDOWED   DIVORCED   April 5 / 1898 1897   83 birthday)   Months   Days   Hours   Min.    100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if refired)   Virginia    113. FATHER S NAME   Unknown   Virginia    115. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17. INFORMANT   Months   Days   Hours   Min.    116. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).    PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   During on 1/2   DUE TO    Canditions, if any, which   Governing of the price o
S SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   9 AGE (In years light birthday)   Nonthis   Days   Hours   Min.
Male   White   WIDOWED   DIVORCED   April 5/1898 1897 63 yrs    100 JSUAL OCCUPATION (Give kind of wark done during most of working life, even if relized)   10b KIND OF BUSINESS OR INDUSTRY   11 BIRTHPLACE (State or foreign country)   12.CITIZEN OF WHAT COUNTR' during most of working life, even if relized)   Virginia    13. FATHER S NAME   14. MOTHER'S MAIDEN NAME   Unknown    15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address
during most of working life, even if retired)  Farm Laborer  13. FATHER'S NAME  Unknown  Unknown  Virginia  14. MOTHER'S MAIDEN NAME  Unknown  Virginia  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  Address  Virginia  16. MOTHER'S MAIDEN NAME  Unknown  Address  Virginia  17. INFORMANT  Address  Harry Delayder, Woodbine, Md  INTERVAL BETWEEN ONSET AND DEATH
13. FATHER'S NAME  Unknown  Unknown  S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  (If yes, give wor or dedies of service)  217-28-7048  Harry Delayder, Woodbine, Md  INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Canditions, if any, which gove rise to immediate  14. MOTHÈR'S MAIDEN NAME Unknown  17. INFORMANT  Harry Delayder, Woodbine, Md  INTERVAL BETWEEN ONSET AND DEATH 7 'C/2 & S
Unknown  Is. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate  (b)  18. CAUSE OF DEATH [Enter only one course per line for (b), (c).]  DUE TO  Canditions, if any, which gove rise to immediate [DUE TO]
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO (If yes, give wor or defes of service) 217-28-7048   Harry Delayder, Woodbine, Md  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate (b).
Test no. or unknown   (If yes, give wor or defes of service)   217-28-7048   Harry Delayder, Woodbine, Md
No   217-28-7048   Harry Delawder, Woodbine, Md    18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   Due to Due to Canditions, if any, which gove rise to immediate   Due to Due t
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gove rise to immediate  INTERVAL BETWEEN ONSET AND DEATH 7 'C/2 \( S \)
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO  Canditions, if any, which gove rise to immediate  (b)
Canditions, if any, which gove rise to immediate DUS TO
Canditions, if any, which by (b) (b)
gove rise to immediate
cover (a), storing the bridge
Congestive Heart Failure YES NO B
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 18)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED?  YES NO E  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
Haur a. m. While Nat while factory, street, affice bldg., etc.)
21 1 certify that (1) (this haspital) attended the deceased from Alskanlas, 1960, to Dec 31, 1960 that (1) (we) la
saw the deceased alive on 12 4 31 19 6 9 and that death accurred at 6PM, from the causes and on the date stated above 226, DATE
220. SIGNATURE 225. DATE SIGNE
22c. PHYSICIAN'S 22d. ADDRESS
NAME (Type)
23a BUR AL, CREMATION   23b, DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION (City, town, or county) (State)
REMOVAL (Specify)
Burial 1-4-51 Lisbon Lisbon, Ma  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE
F.C. Higinbothom, Ellicott City, Md DATE JAN 4 '61 Thank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR:

FUNERAL C

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VS A15 (4)

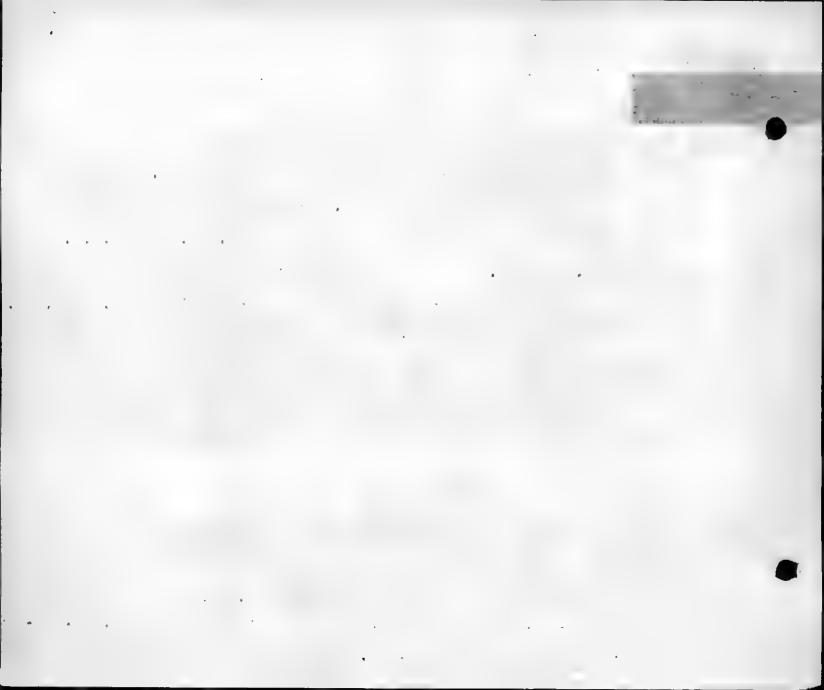
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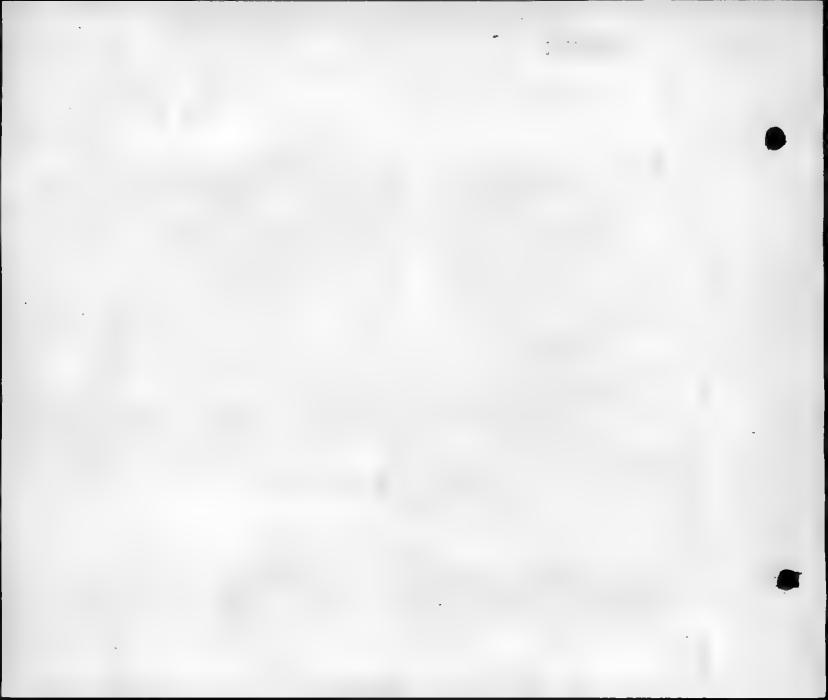
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page

registrar



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived It institution, Residence before admission B. COUNTY files. Heolth, MARYLAND b CITY OR TOWN H c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If offside corporate I mits, write RURAL and give nearest lown) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES 🔲 NO 🔽 foine fore eoth. 3. NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 6 COLOR OR RACE 9. AGE In years 5. SEX 7. MARRIED IFUNDER TYPAR IF UNDER 24 HES NEVER MARRIED | B DATE OF BIRTH Months Hours WIDOWED | DIVORCED [ 18a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) manager 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Ill yes, give war or doles of survices 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN DNSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(p) 19. WAS AUTOPS PEPFOPMED? NO D 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or fown) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, office bldg, etc.) Hour a.m. Not while at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my CTOR opin on death resulted from. Natural causes 📆, Accident 🗍, Homicide ], Undetermined manner Suicide . DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAM NER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER [7] 220. BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (City, lown, or county) (State) REMOVAL (Specify) UNERAL DIRECTOR'S SIGNATUR 24of REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS ATSME



a STATE

MARYLAND

vears

c. LENGTH OF STAY IN 1b

Frederick

Manths

Day

IF UNDER EYEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEF AND DEATH

WAS AUTOPSY

(State)

22b DATE SIGNED

(State)

PERFORMED? YES NO K

ha

U.S.

(County)

1960, that (I) (wet last

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURA), and give negrest town)

Erederi*c*k

b. COUNTY

1385

Frederick

RURAL and give nearest tawn)

Bréderi*e*k

oug 5 Pages | death. after pap CULTS Pou 9 remave even

deoth.

nours

Jeath certificate be

Filled completely pup physician attending please þ has been signed per **Surial-transit** attending physician certificate After this detached for TO FUNERAL DIRECTOR: A page 3 shauld be detacht

funeral 2 shauld d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Montevue Co. Home NAME OF Middle 4. DATE First Last Manth DECEASED (Type or print) DEATH 2 Ressie Draner S SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 9. AGE (In years B. DATE OF BIRTH last birthday) white WIDOWED TO DIVORCED [ female dOya 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) nousewife home bde [vac+ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Harne Mary Draper 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. Edgar Draper, Frederick, Md. none IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HO CERTIFICATION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c TIME OF INJURY Doy, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, affice bldg., etc.) p. m. While Nat while at wark at wark 1950 to 1946, 13 21. I certify that (I) (Ihis-hospital) attended the deceased from....... 13 1960, and that death occurred at IVAM, from the causes and on the date stated above sow the deceased alive on 15 C 220 SIGNATURE ATTENDING STAFF MD DIRECTOR -22c. PHYSICIAN'S 22d\_ADDRESS NAME (Type page 3 sh the State I 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d LOCATION (City, town, or county) 960 Bethel Heth. Cemetery Frederick 25h. REGISTRAR'S S GNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR VR A1S (4) DATDEC 21 '60 al adhi Corner & Thous 1SM 9/S9

e. IS RESIDENCE ON A FARM?

YES NO TO

Year

60 19



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

1960

(Stote)

DATE SIGNED

24b. REGISTRAR'S SIGNATURE

Corthur & Krous

24a, REC'D BY REGISTRAR

DEC 5

FUNERAL 10 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland



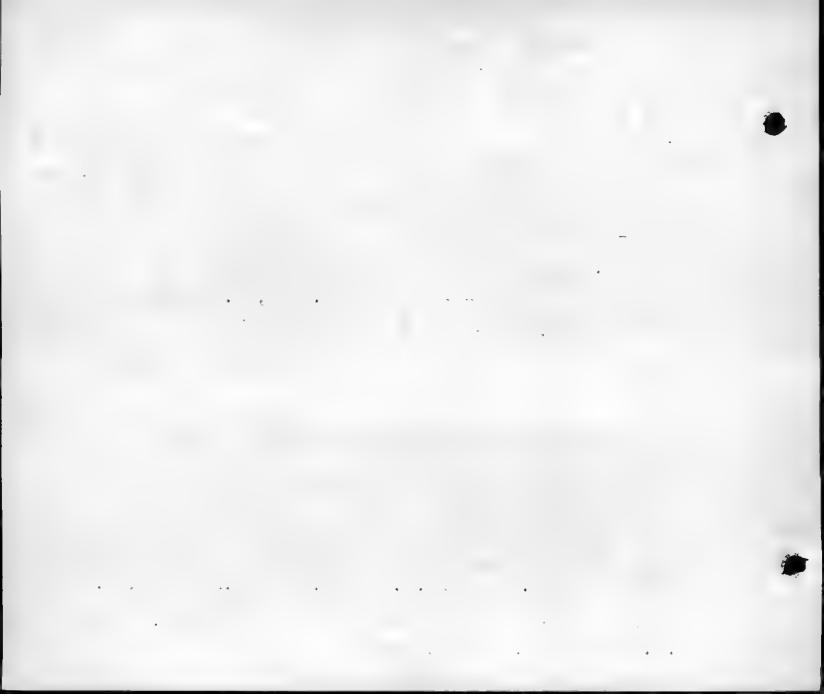
1 . 1

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours miter death. Page 4

TO HOSPITAL

VR A15 (4) 1SM 9/59

13859	CERTIFICA	TE OF DEATH	19094
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institute o. STATE Maryland b COUNT	tran Residence before admission)  Y Frederick
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Frederick	since 10-15-6	c. CITY OR TOWN (If outside corporate limits, write  Frederick	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION AVENUE	street address)	street Address 610 Schley Avenue	on a farmy yes No.
3. NAME OF First (Type or print) FLORES	NCE MALINDA	OF	ecember 12, 960
Female White w	DOWED DIVORCED	B DATE OF BIRTH  30 July 1881  9. AGE (in year loss) birthday yr	Months Days Hours Min
10a JSUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) HOUSE—FFORK	At Home	Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  George H. Tritapoe		14. MOTHER'S MAIDEN NAME  Vandelia Castle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (You, no, or unknown) (If yes, give wor or dates of service)			as item #1)
PART I. DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.  (c)	CEREBRO VASCU HYPERTENSINE A	RIERIOSCHEROTIC HEART	
ICATIC		NOT RELATED TO THE TERMINAL DISEASE CONDITION C	PERFORMED?
20c. TIME OF INJURY Month, Doy, Year Hour o. m.	20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f, (City or town) ctory, street, office bldg., etc.)	(County) (State)
22c PHYSIC AN'S	Para Na O		1960, that (I) (we) last and an the date stated above.  13 Dec 1960
230 BURIAL, CREMATION, 23b. DATE THEREOF 12-15-60	Union Cemeter	ry Burkittsvill	e, Maryland
M. R. Etchison & Son,	Frederick, Maryl		GISTRAR'S SIGNATURE



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13884 **CERTIFICATE OF DEATH** Reg. Dist. No.

13835

	1. P	COUNTY				2 USUAL RESIL	DENCE (Where decer			efore admi	ssion)
	Ľ	Tre	derick		MARYLAND	J JIAIL	maryla	uc/b. COUN	Fred	enic	£
	ь	. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write c LEN	IGTH OF STAY IN 16	C. CITY OR	OWN (If autifide co	rporate limits, write	RURAL and give	nearest tov	vn}
		MIII)	Midura	ш	Life		news) n	udwa	11		
p	-	I. NAME OF HOSPITA	AL (If not in hospital, g	ive street oddress)		d STREET A	DDRESS		7	e. IS RE	SIDENCE A FARM?
		OK HASTITUTION		I	V	1			•	YES E	NO 🗌
	3 1	AME OF	Fir	'\$1	Middle	los		E A	lonth	Day	Year
		Type or print)	WALTE	RC	LETUS	FOGL	E DEA	TH De	c, 1	1	1960
	5. 5	EX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRT	н	9. AGE (In year			DER 24 HRS
		m	LL'	WIDOWED [2]	DIVORCED [	Sentis	19 1877		7) Months Day	s Hours	Min.
1	10o	USUAL OCCUPATIO	N (Give kind of work ing life, even,if retired	done 10b. KIND C	F BUSINESS OR INC	USTRY 11 BIRTHPL	ACE (Stote or foreig	n country)	12. CITIZEN	OF WHA	T COUNTRY?
)	I	in stock	dealer-	our	Luxur	as me	cruban	L	u.	5.	A.
1	13. 1	FATHER'S NAME					MAIDEN NAME		Λ,		
		militan.	Ingar.	Fral	/ C. 1	mari	Cotton	in C	24.10		
			IN U. S. ARMED FOR		SECURITY NO. 17.	INFORMANT A	1 5	A	ddress		1
	11ar	no. or unknown)	It yes, give war or dates of s	(envice)	<b>一</b> 7	ms John	2 Melin	un Ro	- Riville	dai.	71/5/
		18. CAUSE OF DEAT	TH [Enter only one co	ouse per line for (c	o), (b), and (c) ]	J		17		HTERVAL E	
		PART I. DEAT	TH WAS CAUSED BY.	. 7	MIN	ann	SVAM	rymit	0217	NSET AN	D DEATH
		1175	DUE TO			/					
		Conditions, if an	iy, which	at.		-/					
		gove rise to in	nmediate ( DUS TO	•							
		couse (a), stating t lying couse lost.	no uniter:	1							
	Z O	PART II OTH	ER SIGNIFICANT CON		BUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION	GIVEN IN PART 1(0	19 WAS	AUTOPSY
	CATION									YES [	ORMED?
	正	200. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE H	OW INJURY MICCUM	RED. (Entili noture o	f injury in Part I or	Port II of item 18.)			
,	CERT	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)								
	\ <u>\</u>	20c TIME OF INJURY	Month, Day. Ye			PLACE OF INJURY (	Home, form, 20f (	City or town)	(Coun	ly)	(State)
	MEDICA	Hour e.m.	19		at while /	/	blag., etc.)	. />-	/)		
		21. I cortify the	at I ottended the	deceased fro	m/401	19/0	110 /JU	1 / 19/	7. That I last	saw the	decensed
		olive on	10.	19/06		th occurred of		am the cause			4
	П	/	17/	740	6 1	01		(Street, dity or lov	1		ATE SIGNED
		ACTUAL SIGNATURE	11/11	11/1/	22/11	M.D. 1/	mon	(X)M	044 /1		Mic 141
				,		77			7	V	
		PHYSICIAN'S NAME (Type)	H. let L	in a kal	13 101						****
	220	BURIAL, CREMATION	N, 226 DATE THEREC	OF 22c. 1	NAME OF CEMETERY	OR CREMATORY	22d LO	CATIONS (City, tow	n, or county)	(Sti	ote) /
	B	REMOVAL (Specify)	12/20/	60 No	augho		m.	Ladie	SPHISM		rad.
	_	FUNERAL DIRECTOR'S	SIGNATURE	0 // A	DDRE\$\$	/	24a. REC'D BY REC		GISTRAR'S SIGNA	TURE	
4		7 ( . 100	27 Tm 11	26 8001	sail lin	mod	DATE DEC 2 3	'60	I thun & To	Newson	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be refer to be hospital or attending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and completely fitled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be fited with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO FUNERAL

VS A15 (4) 15M 9/5S



TOVE

prior

shauld

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A15 (4) 15M 9/59

13854

13837

		LACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0.	Frederick	MARYLAND	o. STATE Maryland Carroll Carroll
1	Ъ	CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF	STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1		Frederick		Mt. Airv
	ď	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	F	rederick Memorial Hospita	1	YES NO
	3. N	IAME OF First A	Aiddle	Last 4. DATE Month Day Year
4		ECEASED Type or print) The S		Gamber Dec 27 1960
	5 SE		AARRIED	B DATE OF BIRTH 9 AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS.
		Male White WIDOWED A DIV	ORCED	April 30, 1886 / Prirhdoy) Months Doys Hours Min
	10a	USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSIN	ESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
		during most of working life, even if retired)  Laborer		Maryland U. S. A.
	13. F	ATHER'S NAME		14 MOTHER'S MAIDEN NAME
		George W. Gamber		Christie A. Gosnell
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIT	Y NO 17 IN	NFORMANT Address
	fins,		043 M	rs. Viola Norwood, Mt. Airy, Md.
		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), on	d (c)-)	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ind,	heat tailing 6 when
		412 C DUE TO	0	
		Conditions, if ony, which ) (b)	elen	lie Heart Owners 3 years
		gove rise to immediate Couse (a), stating the under DUE TO		
		lying couse lost. (c)		
	Z O I	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
٩.	S.F.			YES NO E
-	CERT.FICATION	206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJUDENCE OF CONTRIBUTING TO CAUSE OF DEATH	URY OCCURRE	D (Enter nature of injury in Port I or Port II of Item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRE Hour o m. While Not while		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	WED	P. m. 19 While Not while at work of work		
		21 I certify that (I) (this haspital) attended the dece	ased fram_	12/26 1960 to 12/27 1960, that (1) (we) last
				death accurred at A.M. from the causes and on the date stated above.
		226 SIGNATURE		22b DATE
		Henry . Chase		M.D PHYS D MED DIRECTOR D STAFF D 12-27-2008
		22c PRYSICIAN'S NAME (Type)		22d ADDRESS
		Henry V. (hase		46. Church st frederick Ma
	23a	BURIAL, CREMAT ON 23b. DATE THEREOF 23c NAME OF	F CEMETERY O	R CREMATORY 23d LOCAT ON (City, town, or county) (Stote)
>		Burial 12-30-1960 Tayl	orsvil	lle Cemetery Carroll Co., Maryland
	24, f	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25g REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE
1		C. M. Waltz. Winfield, Ma	rvland	DATE 2 9'60 Culling S. France



## FOR STATE HEALTH DEPT.

in necessary, please of rector. Page your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after-death. If any delay is nexecute the filticule, writing the word "pending" in pendil in Item, 18. Give Page's "Z-and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pagestheding with the State or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

b

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202.200

VS. A15ME 5M 7/57

	MA	RYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMORE,	18
490	0=	MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

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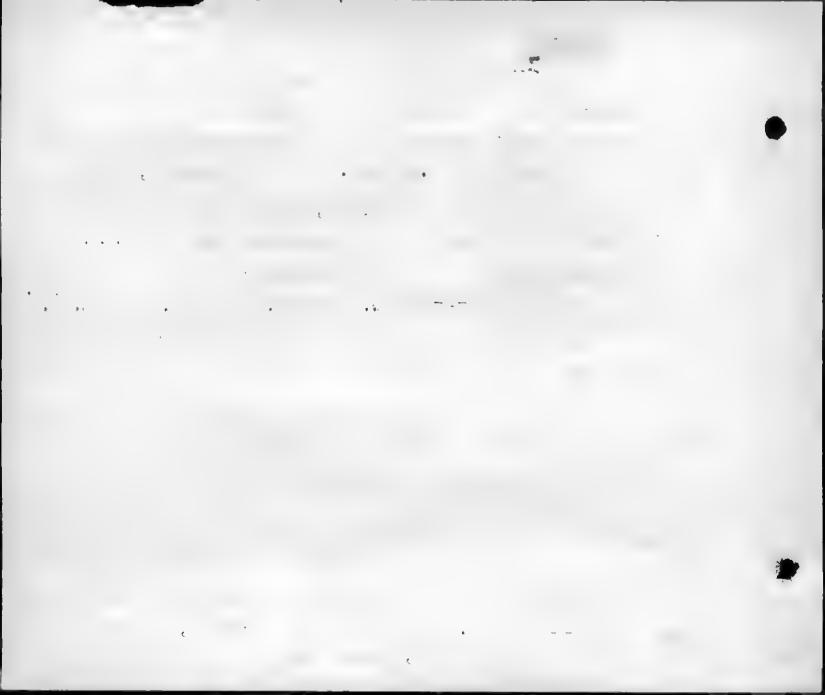
		3000							Reg. D	ist. No.	10	000
1.	PLACE OF DEATH					2. USUAL RESIDENC				-		ssian)
_	F':	rederick			RYLAND		ryland	b. COUN		eder:		_
- 4	cond it was described forward	autside carporate kinsti, with		C LENGTH OF STA	LY IN 16	1 1 -		rporate limits, writi	e RURAL and	g ve ne	arest fow	vn)
1		Rural-R.F.I		Minutes		11	ederick				r	_
- 1		S.#240&New			ress)	122 West		h Street	_			A FARMY
3.	NAME OF DECEASED (Type or print)	Fir BRU		Middle		GREGORY	4. DATE OF DEATH	Dece	mber	<sup>Doy</sup> 28	Ye 15	60
5.	SEX .	6 COLOR OR RACE	7. MARRIE	DE NEVER MARR	Server			9. AGE [In years   Interest   Int	IF UNDER			
	Male	White	WIDOWE	DIVORCE		May 13, 190	03	57 yrs.		Days	Hours	Min
100	USUAL OCCUPATION OF WORKING MOST SALES EX	ON (Give kind of work of [fe, even if retired)		ind of Business of			tote or foreign	country)	12. CIT	USA	WHAT	COUNTRY
13	FATHER'S NAME					14. MOTHER'S MAIDE			-L			
	E	ugene Grego	ry			Della	a Allen					
	WAS DECEASED EVE	ER IN U.S. ARMED FO. (II yes, give wer or dates at	rorvica)	98-01-436	1	s. Ruth E.	Gregor	y-Same as		#2	9.0	*
F	IB CAUSE OF DEAT	TH   Enter only one cou	ne per line	far (a), (b), and (c) ]				:	-	INTERV	AL BETWEE	en.
	PART I DEAT	H WAS CAUSED BY:		FRACTURED	SKUL	L					etan	
	Conditions, if de	DUE TO		RUSHED CHI	est					1	[	-
	gove rise to immed	fiote cause								1		
	couse lost.	(c)										
CERTIFICATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TI	ERMINAL DISEA	SE CONDITION GI	VEN IN PAR		WAS A PERFOR	
PTIFF	PRIMARY OF CON	JSE WAS 20				nter nature of injury in						
	CAUSE OF DEATH.	1				riking Abu			38			*
WEDICAL	20c, TIME OF INJUI	1 - 1	20d While		120e PLAC	E OF INJURY (Home, ty, street, office bldg.,	efc.)		,	inty)	1. 1	(Stole)
N. K.	11. p.m.	12/28/ 19	60 of wo	rk of work	<u> </u>	Highway		ederick,	Fred	eric	N CAL	10.
		of I took charge				3.5	-	-		a principal.		d in my
	opinion death	resulted from: 1	Vaturol o	causes, Acc	cident [	4, Suicide,	Homicide	e 🔲, Undefi	ermined t	nonnes		
	ACTUAL SIGNATURE	BOT	ארי מביש	nas		M.D CHIEF MEDICA	_				DATE SI	IGNED
	EXAMINER'S NAME (Type)	B. O. Thoma	as, M.	D.		ASSISTANT ME DEPUTY MEDIC		v		12/2	8/19	960
27	BURIAL CREMATIO Cremetion	1/3/1961	)F	Fort Lin		Crematory		Onsburk.	or county)	Mar	vlan	_
-	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24o. f	EC'D BY PEGIS	TRAR 246. REG	ISTRAR'S SIC	-		
	M. R. Etch	ison & Son	, Free	derick, Ma	rylan	d DATE	JAN 4	61 a	Thur S.	than	3	

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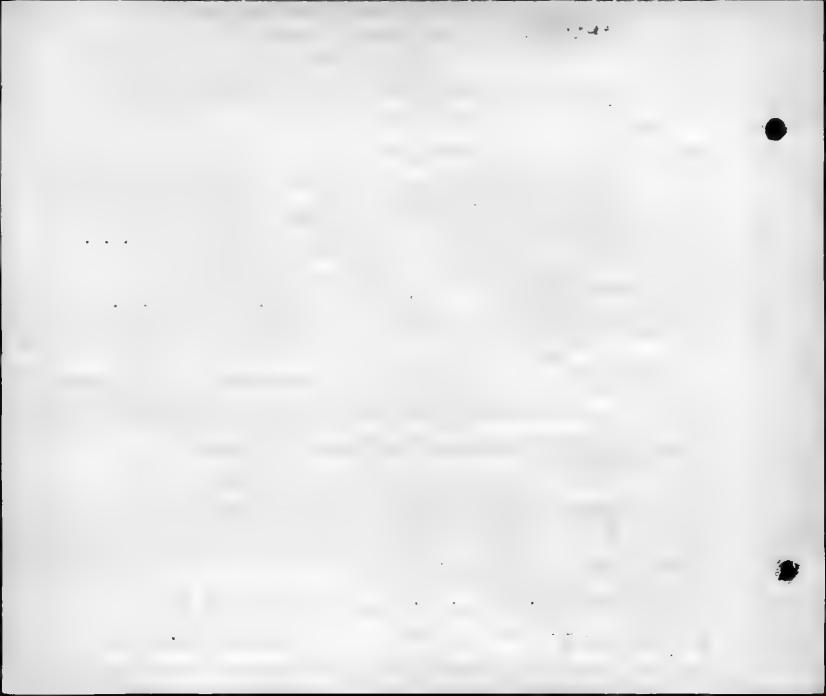
CERTIFICATE OF DEATH

d. COUNTY The days at all	6		2. USUAL RESIDENCE o. STATE	(Where deceased	lived. If institution b. COUNTY	on: Residence befor	re admission)
rrederick		MARYLAND	Mar	yland		Frederic	
<ul> <li>b. CITY OR TOWN (If outside corp RURAL and give nearest town)</li> </ul>		OTH OF STAY IN 16	c. CITY OR TOWN		ote limits, write RI	JRAL and give nea	arest tawn)
Frederick		ifetime		derick			
d NAME OF HOSPITAL ( finat in it OR INSTITUTION			d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
Frederick	Memorial Hosp	oital	202	East Ch	urch Str	et	YES NO
3. NAME OF DECEASED	F rst	M ddle	Lost	4. DATE	Mon		y Year
(Type or print)	EUWARD	Allen G	tuvr.		December		19
5. SEX 6. COLOR C	OR RACE 7 MARRIED N	IEVER MARRIED	B. DATE OF BIRTH	'	9. AGE ( n years lost birthday)	Months Days	Hours Min.
Male White			July 19, 19		37 yrs	January Super	770013
10a. USUAL OCCUPATION (Give kind during most of working life, even	of work dane 10b. KIND OF	BUSINESS OR INDUS	STRY ITT. BIRTHPLACE (S	tate or foreign co	unfry)	12 CITIZEN OF	WHAT COUNTRY?
Brick Layer	None		Frederi	ok, Mary	land	U.S.A	4
3. FATHER'S NAME			14 MOTHER'S MAID	EN NAME			
Charles Prestor	n Grove		Adelia i	Miller			
15. WAS DECEASEDEVER IN U. S. AR	MED FORCES? 16 SOCIAL S	SECURITY NO 17. IN	IFORMANT		Add	ess	Fred.
Yes W.W. 2	212-	14-7964 Mr.	- Beatrice	E. Grove	202 E.	Church S	
18. CAUSE OF DEATH [Enter on	ily are cause per line for (a)					INTE	ERVAL BETWEEN
PART I. DEATH WAS CAU	CALISE (s) Brown	chore an	in Care	enoma	with	Z ONS	SET AND DEATH
11	DUE TO	0	0				,
Conditions, if ony, which	" Gome	- ling	mola	Dass		6	mo.
gave rise to immediate	DUE TO	7			<del></del>		
lying couse lost.							
	(c)(c) ANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART I(a) I	9 WAS AUTOPSY
O L							PERFORMED?
20g ACC DENT WAS UNDERLYIN	NG □ 20h, DESCRIBE HO	W IN HIRY OCCURRE	D. (Enter nature of injur	v in Port I or Port	II of item IB )		125 LI NOAQ
OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXA	F DEATH			,	,		
	Day, Year 20d INJURY O	Fore	ACE OF INJURY (Home, story, street, office bldg.		or town)	(County)	(Stote)
Hour a m ≥ p m.		t while work		. 216-1			
21 I certify that (I) (this I	haspital) attended the	deceased from	12/1	19/00 to	12-12	1960 th	nat (1) (we) last
saw the deceased alive o			leath accurred at				
22a S GALLYRE	1101						22b. DATE
Herry	11. ( lace	2 8	M.D PHYS.	MED D RECTOR	STAFF PHYS		3 Dec 6
22c PHYSICIAN'S			22d. ADDRESS				
NAME (Type) Henr	y V. (ha	se	4 E. (	hurch	St f	redevi	CK, Md
	E THEREOF 23c No	AME OF CEMETERY O			ION (City, town,		(Slute)
REMOVAL (Specify)	5-1960 Mt.	Olivet Cer	netem		erick, M		
24 FUNERAL DIRECTOR'S SIGNATURE	AD	DRES\$	25a	REC'D BY REGISTI	RAR 25b. REGIS	STRAR'S SIGNATU	RE
11. 1. + 50 x mi	Fred Fred	ierick. Mar	yland DATE	DEC 5 '60	0	1 - 0 4	

TO HOSPITAL G VR A15 (4) 15M 9/59



directal	NA	1. PLACE OF DEATH a. COUNTY  Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution) Residence before admission) b. COUNTY  Frederick
urean. uneral	(,,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Frederick  c. LENGTH OF STAY IN 1b  C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Brunswick
	110	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE
	oc 7	OR INSTITUTION Memorial Hospital   209 A Street   ON A FARM?
an and		3 NAME OF First Middle 4 Floxt 4 DATE Month Con Year
ely filled Poges 1		(Type or print) ESTELLE HARRIS DEATH DEC 6 1960
* - T		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. DATE OF BIRTH
comple papers.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY
execution of contract of contr	1	House wife Home Maryland U.S.A.
	( *	13. FATHER'S NAME
physician imave carl haurs afte	(1	Harry Whitter Elizabeth Krieg
physici mave haurs	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
		No Evelyn Wellen, Buckeystown, Md.
ending ending slease re ithin 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
A HOUSE		PART 1. DEATH WAS CAUSED BY: CHRONIC MYELOID LEUKE MIA ONSET AND DEATH
the The		d 4- 1 DUE TO
ور ئ <sup>ا</sup> بر		Conditions, if ony, which }
res red red		gove rise to immediate DUE TO
equi significant ritari		lying couse last. (c)
sicio seen rang	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
phy phy is to ioli	L.	YES NO IN
in the second se		203. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)
the the		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ig a serie		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not while p. m. 19 pl work at work at work 19 pl work 19 p
District of the second		Hour a. m. While Not while p. m. 19 of work of a work of work
Spiter to a		21. I certify that I attended the deceased from OCT 1952 to & DEC 1960 that I last saw the decease
F A Si		alive on a DEC
0 0 0 p	- 1	ADDRESS_(Street, city gayloyn, Atole) PATE SIGNI
2 p 5	- /	SIGNATURE Charles & Orlley V M.D. Frylesional Bille 12/7/6
E G P G		
ret FAL Shorts		NAME (Type) CHARLES H. CONLEY JR + KULLICK, MX.
may be reto TO FUNERAL page 3 shau the registrar		22a BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote)
Pag Pag		Rurial 12-9-1960 Monogary Bealsville, Md
	· V	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	11	The full Brunswick, Maryland DEC 12'60 Cilm & time



VS A1S (4) 1SM 9/SB

11	1
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, S.C.	

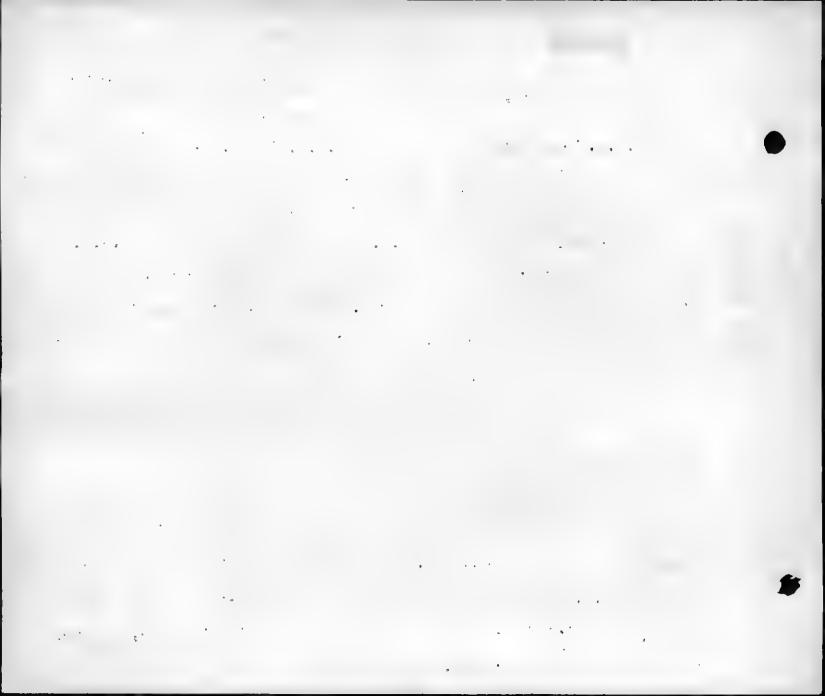
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

-11	7		14	4
	03	1	4	Jji
- 44,	$\cup$	$\cup$	-4	35

	3886		CERTIFICA	ATE OF DE	АІП		Reg. Dist	. No.	
1. PLACE OF DEATH	-1- James -1-		MARYLAND	2. USUAL RESIDEN 0. STATE	CE (Where deceas	ed lived. If instituti b. COUNTY	on. Residence	s before admis	sion)
-	rederick		MAKIDAN	Ma	ryland		Fred	arick	
RURAL and give	(If outside carporote lim nearest town) PSV1110	its, write	c LENGTH OF STAY IN 15	Na.e	VN (If cutside com	porote limits, write R	URAL and giv	ve nearest tow	n)
	ITAL (If not in hospital,	give street o	ddress)	d. STREET ADD		-			SIDENCE A FARM?
	D. Knoxvi	lle		RFD	Knoxy	ille			NO []
NAME OF DECEASED		rst	Middle	Lost	4. DATE	Mon		Day	Year
(Type or print)	John		Robert	Hoar	DEATI	12	2	3	19 6
S. SEX		7- MARRI	ED A NEVER MARRIED	B. DATE OF BIRTH	,	9 AGE (In years lest birthdoy)	7	YEAR IF UND	1
Male	White	WIDOWE	DIVORCED [	8-17-18	96	64 yrs	Months L	Days Hours	Min.
0o USUAL OCCUPAT during most of we	ION (Give kind of work orking life, even if retired	done 10b. k	CIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	(State or foreign	country)	12, CITIZI	EN OF WHAT	COUNTRY
RETIRED	MATERIAL	DISTE	RIBUTOR B.&	.O Mary	land		U.	S.A.	
3 FATHER'S NAME				14. MOTHER'S MA	IDEN NAME				
	Frank	Hoar			Ida	Merrin	an		
(Yes, no. of unknown)	/ER IN U. S. ARMED FOI   {If yes, give war or dates of :	RCES? 16. S	OCIAL SECURITY NO.	INFORMANT		Add	ress		
World Wa			M	rs.Olive	Hoar . Kr	noxville	. Mary	rland	
18. CAUSE OF D	EATH [Enter only one co	ause ger line	e far (o), (b), and (c).]			1	2	INTERVAL B	
PART I, DI	EATH WAS CAUSED BY, IMMEDIATE CAUSE (c	10%	Вогина	Emplocal	DEV	- Les		ONSET AND	MAIN
A	DUE TO								0
Conditions, if	any which)		No.	0 1 00	2-0-0				
gove rise to	immediate (		The state of the s	1 0000	The state of the s				
couse (a), statin	g the under-		,						
	_ / (	D TIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	E TERMINAL DISEA	SE CONDITION GIV	FN IN PART	1(a) 19 WAS	AUTOPSY
NOLEY PART II. O								PERFC YES	DRMED?
	VAS HINDERLYING TO	20b DESC	RIBE HOW INJURY OCCURRI	FD /Enter nature of in	iury in Part I or Pa	ert (Lafutem 18.)		153	1 40 []
200 ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING  GOOD CAUSE OF DEATH Y MEDICAL EXAMINER		APE I TO THE THE TENE	temen manage or m	,0.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3 20c. TIME OF INJU		70d IN	JURY OCCURRED 20e. PI	ACE OF INJURY (Hon	ne form 20f (Ci	ly or fown)	100	unity)	(State
Hour o.m	19	While	Not while fo	clory, street, office ble		iy or rown	100	milyt	(3-Ole
₹ p. m	. 17	at work	at work		1	- 1			
21. I certify	that I ottended the	deceose	d fram	19/2 2, 1	0	-3, 1960	that I last	t sow the c	deceose
alive on	13-3-	19 4	🖳 , and that deotl	accurred of	M, from	the causes on	d on the	date state	d obove
	1. 8	4	and the same	( In	ADDRESS (	Street, city or tawn,	state)	DA	TE SIGNE
ACTUAL SIGNATURE	5()	1	27/1/2	MD DIV	V. 3	V XX	ey.	12-	d li
PHYSICIAN'S NAME (Type)	C.E.Pruit	t			Bru	nswick	Mary	rland	
720 BURIAL, CREMAT REMOVAL (Special	v) 2 . 2	,	22c. NAME OF CEMETERY C	OR CREMATORY	22d, LOC	ATION (City, town,	or county)	(Sta	te)
	1/5/	.960	Saint Mar	ks	Pe	etersvil	la.Ma	marl.am	4
B LINERAL DIRECTO	R'S SIGNATURE		ADDRESS		a REC'D BY REGIS	STRAR 24b. REGI	STRAR'S SIGH	NATURE	J
17. 410 3	+1100 5.		dalr wammian	.a D/	ATERICO 12'	60 (	Ihur S. ?	That !	



	MARTLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR STATE	13887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 13842
Bu €	o. COUNTY  PLACE OF DEATH o. COUNTY  O. STATE  MARYLAND  O. STATE  MARYLAND  O. STATE  D. COUNTY  D
7 H ( 1 m	b CITY OR TOWN (It outside corporate him s. write RURAL ond give nearest fawn)  ord give nearest fawn)  A MONTH.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  a STREET ADDRESS  a STREET ADDRESS  a STREET ADDRESS  a STREET ADDRESS  b STREET ADDRESS
Store death	3. NAME OF DECEASED (Type or print) Committee
3 to the right t	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE In years INFUNDER 14EAR IF UNDER 24 HES
2, and 2, 2, 4, 2, 2, 4, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fc e go country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
form Prile po	13. WAS DECEASED EVER IN U. S. ARMED FORCES! 16 SOCIAL SECURITY NO 17 INFORMANT  [You, no, of unknown] I (If you, give wor or dolls of convice)  [You, no, of unknown] I (If you, give wor or dolls of convice)
IB. Carrier.	18. CAUSE OF DEATH [Enter only one couse per I me for [o], (b), and (c).]
nsil pe	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Coronary Thrombosis Simulting
s Office	Canditions, if any, which (b) gave rise to immediate couse
ominer on on ion, or	(c), stating the underlying  (c)  (c)  (c)  (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY
pendir col Ex	PERFORMED? YES NO A
word in Media	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
or to the	Toc. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State)  Haur a. m., p. m. 19 at work of work
ed to the Pogent, progent, pro	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
RECTO	ACTUAL SIGNATURE B. C. Thomas M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
A be	EXAMINER'S B.D. Jhom CLS, M.D. DEPUTY MEDICAL EXAMINER DEC 18, 1980
r is d	220 BURIAL, CREMATION, 27b DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)  REMOVAL (Specify)
A15ME	23 FUNERADDIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR  246. REGISTR
5M 2 57	Cucian R. takener Mun-Market Dard AN 4 161 Chilling 8, Thais



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

13888 CERTIFICATE OF DEATH 13843

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(		)
/	7 4 7	/
	_	

director, filed with

deoth. Page

1. PLACE OF DEATH o. COUNTY Frederick

MARYLAND

Marvland

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Frederick

6 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Adamstown

ELENGTH OF STAY IN 16 Since-1949

Adamstown

c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO

d. STREET ADDRESS

IS RESIDENCE YES NOWY

3	NAME OF First DECEASED		it	Middle				4. DATE Mont		3	Da	у	1.504
l	(Type or print)	DAVID		EDWARD KA		CANODE		DEATH	Dec	embe	r 27	,	1960
S	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH			9 AGE (In years low-birthday)				R 24 HRS
	Male	White	WIDOWED [	DIVORCED [	20	July	1885		75 yrs.	Months	Days	Hours	Min.
1	Bo. USJAL OCCUPATIO	N (Give kind of work o	lone 10b KIND C	OF BUSINESS OR INI	USTRY 1	BIRTHPLA	CE (State (	or foreign c	ountry)	12.C11	IZEN OF	WHAT	OUNTRY?
	Retired Fa	LINCI	Farm	Owner		Park	Mills	, Md.		U	SA		

13 FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Hester Zimmerman

17 INFORMANT Address Mrs. Carrie V. Kanode (Same as item #1)

			4 114012 OO (DECEMBER 1	2000 // 2/
PART I DEATH WAS CA	anly one cause per line far (a). (b) and AUSED BY E CAUSE (a)	Pulmouron	Eleus	ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (o), stoling the under-	(b) Orteris -	-Seleratie	heardix.	10+yrs

PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I ar Part II af item 18)

WAS AUTOPSY PERFORMED? YES 🗍 NO 💢

CERTIFICATION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL

Charles E. Kanode

20c TIME OF INJURY Month, Day Year a.m.

20d INJURY OCCURRED While Not while of work

20e PLACE OF INJURY (Home, form, factory, street, office bldg etc.

20f. (City or town)

(County) (State)

(State)

19 60 and that death occurred of saw the deceased alive on Au M, from the causes and an the date stated above 22a. S Gt A 226. DATE 1960 NED ATTENDING ATT MED M D

22c PHYSICIAN'S NAME (Type)

Charles H. Conley.

22d, ADDRESS

228 N. Market St., Frederick, Md.

236 DATE THEREOF 230 BURIAL CREMATION. REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 23d LOCATION (City, town, or county) Frederick, Maryland

256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

12-30-60 24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS M. R. Etchison & Son, Frederick, Maryland

DEC 3 0 '60

CI-Thur S. Kraus

2 should be fi d ai . = Ages 1 deoth, pletely 원 bon event, with attending pleose ģ removal, permit. by the hospital or attending physician. as the burial-transit Þ cremotian, be detached for Board of Health TO FUNERAL poge 3 sh the Stote

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

O HOSPITA! VR A1S (4) 15M 9/59



	LACE OF DEATH						SUAL RESIDE	NCE (Who	ere decease		If institution	ın: Residence	before or	dmission)	
		Frederic			ARYLAND			Mar	yland	d °	COOMIT	Fr	eder	ick	
Ŀ	CITY OR TOWN (If RURAL and give neg	outside corporate (imi	ts, write	LENGTH OF ST		C.	CITY OR TO				ls, write RL	JRAL ond gr	ve negrest	town)	
	alkersvi.	Lie rura		Lifeti	me				rsvi	lle	ru	ral			
	I, NAME OF HOSPITA	L (If not in hospital, s	jive street oc	ddress)		d	STREET ADO	DRESS					_ C	RESIDENC	.5
_	Own Home								T				_	S NO	
	NAME OF DECEASED Type or print)	Jacob	Hen:	<sup>Mid</sup> Reu	ffma	n	last		4. DATE OF DEATH		Dece	mber	Ogy Og	19 6	60
5. S	**	6. COLOR OR RACE		DE NEVER MAI			TE OF BIRTH			9. AGE	(In years	IF JNDER 1	-	1/	
1	nale	white	WIDOWED		CED [	00	t. 24	, 1	882	78	irthdoy) yrs	Months [	Days Ho	eurs Mir	1
100.	USUAL OCCUPATION	N (Give kind of wark	dane 10b. K	IND OF BUSINESS	S OR INDU	STRY 1	11 BIRTHPLAC	CE (State o	or foreign o	country)		12 CITIZ	EN OF WH	ATCOUNT	RY?
	Lime Burn	ler	F.	R. Lime	Co.		Mary	lan	đ				U.	S.A.	
3.	FATHER'S NAME					14	MOTHER'S M	AIDEN N	IAME						
1	Jacob	Kauffmar	1				Eliz	abe	th St	tarn	er				
(Yes	WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY		NFORM					Addr	ess			
N					Mr	3.	Daisy	7 I.	Kau.	ffma	n W	alke	rsvi	<u>lle E</u>	RD1
		H [Enter anly one co	ouse per line	for (a), (b), and	# /	2		,					INTERVA	L BETWEEN	7 4
		H WAS CAUSED BY: IMMEDIATE CAUSE (c	s) (E	erebra	-le	em	onle	age						3000	
	32	DUE TO	, 1	1 -										1	
	Conditions, if an		" lla	lereroa	leros	ler							200	usly	cau
	gave rise (a im couse (a), stoling (		>											0	
_	lying cause last.	) (c													
Į.	PART 11 OTHE	R SIGNIFICANT CON	D TIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	TNOT	RELATED TO T	HETERMI	NAL DISEAS	SE COND	ITION GIV	EN IN PART	PI	ERFORMED?	ST
N.	DO- ACCIDENT WAS	HADERINA (C. (C)	Inch Decc	NICE LIGHT INVITED	V OCCUPAT	D 15-1		atual ta 6	Deat Law Ro	at the Ch	1p.)		YE	S NO	
CERTIFICATION	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESCI	RIBE HOW INJURY	OCCORRE	ED (IERI)	er noture of t	injory in r	rom I or ro	11 11 01 176	m 16 )				
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		JURY OCCURRED	20e. PL	ACE O	F INJURY (Ho	me, form	20f (Cit	y or lown	)	(Co	ounty)	(Sie	ote)
MED	Hour a.m.	19	While ol work	Not while	"	iciory, i	piteel, Office c	nag., erc.	1						
	21 1 certify that	(I) (this hospito	L attende	ed the decease	ed from	h	ely	. 19	57 10/	Dec	.9	19.6	o that	(I) (we) I	ast
	saw the decease		Re. 6	1960, 0		deoth	accurred								
1	22a. SIGNATURE	3/1/	1	1		Ţ			_	•			1	226 DATE	E
П		U All	the	am		MD	ATTENDING PHYS	ME ME	ED. RECTOR [	STAF		A	Cec.	10/6	0
	22c. PHYSICIAN'S NAME (Type)						22d, ADDRES	_	9	7.7	26		,		
	1	E.A. Deti	tbarn			1	3 W	TKO	rsvi	тте	Mai	rylan	α		
23α	BURIAL, CREMAT ON REMOVAL (Specify)			23c NAME OF C		_			23d. LOCA					(State)	
	REMOVAL (Specify)	12-12-0	50	Lewist	own	Cer				7		Mary			
30	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	a sanda	3/13			D BY REGIS	TRAR	256 REGIS	STRAR'S SIG	NATURE		
a	ymond.	Ceria	ger	. Thurmo	offic,	rid e	• (	DATEDE(	C 1 3 '6	0.0	-6-3	1 , 0 1	Cura		

may be retained by the haspital or attending physician.

2 FUNERAL TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENBILL FILYSICIAN: The law requires that the Beath certificate be executed within 24 hours after death. Page 🛚 may be refo TO HOSPITAL VR A15 (4) 15M II/59



al director,

remove carbon papers. Pages 1 and 2 shauld be-filled with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dyarth: Page 4

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retailed by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in bipage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, arematian, ar removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

1		PLACE OF DEATH  D. COUNTY  FREDRICK  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY/and b. COUNTY FREDERICK	
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FREDERICK	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Fig. edurick	
1		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Edecick Menoceal Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM YES   NO	2
\$c	3	NAME OF First Middle DECEASED (Type or print)  Tulie Lynn	Kennedy Death December 16 196	0
	$\leftarrow$	remale White WIDOWED DIVORCED	B DATE OF BIRTH  December 15 1960  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HOURS Minths Days Hours Minths Vyrs.  Worths Days Hours Minths 3:	n 3
1		USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	MARYLAND	RY?
	R	ichard Linwood Kennedy	CAROL AND Fagar	
		WAS DECEASED EVER IN U. S. ARMED-FORCES? 116. SOCIAL SECURITY NO. 17, no. or unknown] [If yes, give wor or dates of service]	Mother SAME	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	interval between onset and deat	
		Canditions, if any, which gove rise to immediate cause (a), stating the under-lying couse lost.  (b) (b) (b) (c)	+ felled is of fitt ist. (cally)	(
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOP PERFORMED YES NO.	1
	L CERTIFI	206 ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18 )	
	MEDICAL		PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stractory, street, office bldg., etc.)	ote)
			death accurred at M., from the causes and an the date stated aba	ve
1		220 SIGNATURE  1 20 SIGNATURE	M.D ATTENDING MED STAFF SIGN PHYS DIRECTOR PHYS D 2/6 6	
		NAME (Type) Bernard O. Thomas, M. D.	trea. el ///	
	1 -	Burial Cremation, 23b Date THEREOF 23c NAME OF CEMETERY Burial 12-17-60 Mount Olive		
W.	24	FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Mary	Land DEC 1 9 '60 Line & 1 Comment	



4	1		13	teg_16 F	m - MARYI	AND	STATE DEPA	RTM	ENT OF HEA	LTH-BA	LTIMO	RE, 1	8			
ク、	ر ما الله الله الله الله الله الله الله ال	5			<b>†</b> 3873		CERTII	FICA	TE OF DE	ATH			Reg. D	ist. No.	13	846
90	director, iled with	-	1.	PLACE OF DEATH					2. USUAL RESIDENCE	E (Where dece			on. Reside	nce befo	e admiss	ion)
۵.	have	D	L	Fr	ederick		MARYL			yland	D.	COUNTY	Fre	der	ick	
eath	be	M )		b CITY OR TOWN RURAL and give r	(If outside carporate lim nearest town)	ts, write	c. LENGTH OF STAY I	N 16	c CITY OR TOW	N (If outside co	rporote limit	s, write R	URAL ond	give nec	rest fowr	1}
P L	2 8 ×		L	Bruns			Life		Brunsw					-		
P.	Bhoule *	X		OR INSTITUTION	tTAL (If not in haspital, o	jive street	address)		d. STREET ADDR							FARM?
SING	ond 2	/\	$\vdash$			- 4	land Aven	uo	8 Sout			Avo	nuo_		YES [	NO I
2 4	P -		3.	NAME OF DECEASED	Fig	T)	Middle		Last	4. DAT		Mon	th	Do		Year
Ē	fill ges			{Type or print} SEX	Charles	1 -	Burton	. — I.	Langley	DEA		1,2	(E IIII)	25		R 24 HRS
¥.	Po		2			+	RIED NEVER MARRIE	_	DATE OF BIRTH	_	lost b	(In years irthday)	Months	Doys	Hours	Min.
pe	nple sers.		10	Male	White ION (Give kind of work	WIDOW			8-14-190	d	<u> </u>	yrs	lia cii	TIZENI OF	MANATO	OUNTRY?
CO	Pag Pag		١.	_ during most of war	irking life, even if retired	}	KIND OF BOSHIESS OF	114003			11 00011177					CONTRI
6	and ban			FATHER'S NAME					Maryl 14. MOTHER'S MAI					I.S.	A	
ē D	E 24				John T.La	ngle	y				Leens	R Ho	uso			
certificate	physic move hours		15.	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	II.	IFORMANT			Add	ress			
cert	19 P		{Y	is, no, or unknown)	(If yes, give wor or dates of s	ervice)		Mr	s.Maxine	Langl	oy,BI	runs	wick	c, Md		
£ E	ndir bin	,	-	1B. CAUSE OF DE	ATH Enter only one co	use per li	ne for (o), (b), and (c) ]		^					INTE	RVAL BE	TWEEN
o de	at a			PART I. DE	ATH WAS CAUSED BY:	. Dr	14/1/1/4	111,	BXXXXXXV	11 N44	XI M/X	M	1.11	ONS	ET AND	DEATH
壬	the d			224	X DUE TO		MARKARA	3-4-4-	VIA TON	BACK CALL	7	2 / J. A.	1			
though the	بَ <del>بَ</del> وَ			Conditions, if	ony, which ) (b	. /	4. VAJAXXI!	XZJ!	V 6. VXXXX3	( /x/\V	MXXV.	XXXX	MV.			
ires	n =			gove rise to couse (o), stoting	immediate (		and selected the control	26.7-4								
redi	sit p			lying cause lost.		}	Rathke's po	ouch	cyst.							
30	beer tran	3	S S	PART II OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE COND	TION GIV	EN IN PA	RT 1(a) 1	9, WAS .	AUTOPSY RMED?
he	riol may	d	FICATION												YES	NO 🗌
z	ate of bu		CERT 8	OR CONTRIBUTING	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	), (Enter noture of inju	ary in Port 1 or	Part II of ite	m 1B.)				
CIA	tific s th n, a		CALC					00. 01.4	CE SE MINISTER	, I mar .	41.					
17 SI	S Ge o		MEDIC	Haur a.m.	IRY Manth, Day, Ye	While	Nat while		CE OF INJURY (Home tary, street, affice bld		City or town	}		(County)		(State)
<u>آ ۾</u>	ar u		×	p. m	19	ot wor	k ot work		1.	10	7 6	*				
Ň	ed F			21. I certify t	hot I offended the	deceas	,	- m - m - v - v - v - v - v - v - v - v	, 196 Q, to		7.5-					
EN	foch bur			olive on	(17/7)	- 19	ond that	deoth	occurred at/2/		m the cor (St <del>roo</del> t, city			ie dote		l above E signed
	C det	- 1		ACTUAL	1, 4	Χ.	TALL TO		1-2	/ AUDRES:	(Sifeer, City	or iown,	store)	10	- 2	) ~ (.
9	DIREC Id be prior				<u>U</u> _	1	1402.64	A	A.D	3 - 3 - 3 - 3 - 3	~7J	-1-1-1-	73	1.5		0.3
IAL	AL hou	*	1	PHYSICIAN'S NAME (Type)	C.E.Pruit	t										
SPI	O to Ellips		22	BURIAL, CREMATIC	ON, 22b. DATE THEREO	)F	22c NAME OF CEME	TERY OF	CREMATORY	22d. J.Q	CATION (CI	ty_town	or contra		N I A	e)
HC	5 m 5 5			REMOVAL (Specify Burial	12-28-					TO.	ETTS		or county)			
5	7		23	FUNERAL DIRECTO		- /	ADDRESS			REC'D BY REC						
VS /	(15 (4)			15 74 1	Bmi	n aut	ck Marris	has	0.41	-DEC 3 0	'60	On.	Chun &	That	A	

15M 9/5B



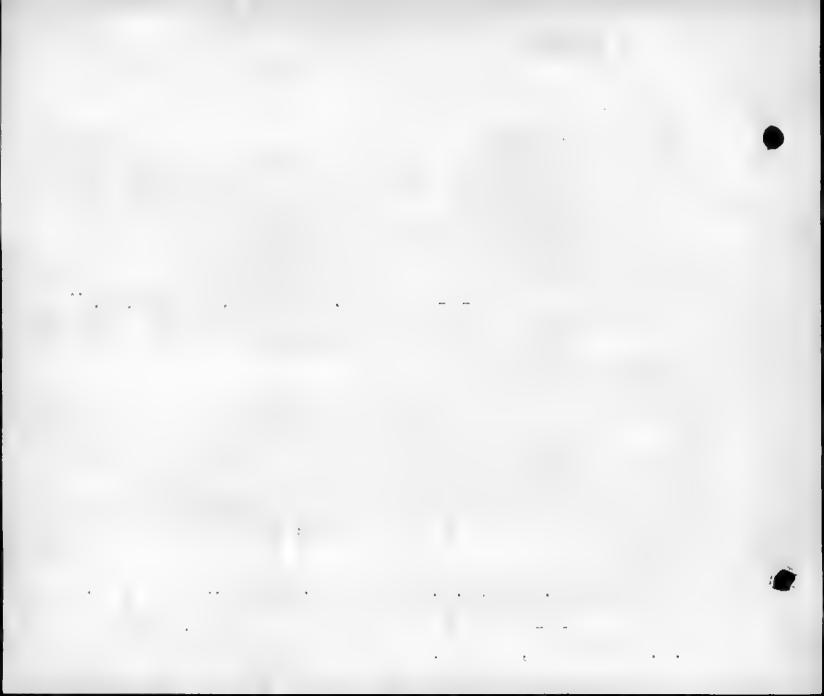
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	I ≺	$\sim$	u	П
		$\mathcal{L}$	12	L,
				_

1. PLACE OF DEATH D. COUNTY Fred	PLACE OF DEATH o. COUNTY Frederick MARYL						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss b. COUNTY Frederick					
b CITY OR TOWN (If RURAL and give nec	orest town)	its, write	c. LENGTH OF ST		X CIT	OR TOWN (IF		rote limits, write	RURAL and g	iva necres	it Iown)	
d. NAME OF HOSPITA OR INSTITUTION Valloy Viet	Nursing  Nursing	Home	oddress)		d. STR	EET ADDRESS					IS RESIDENCE ON A FARM? (ES NO X	
3. NAME OF DECEASED (Type or print)	MICH		IRVI		LIPPY	Last	4. DATE OF DEATH		cember	Doy 15,	960	
s sex	6. COLOR OR RACE	7 MARR	NEVER MA	RRIED	31 O	віктн ct 1878		9. AGE (In year last birthday) 82 yr:	Months H		UNDER 24 HRS	
100 USUAL OCCUPATIOn during most of working most of working most of working Retired Me.  13. FATHER'S NAME	N (Give kind of work ing life, even if retired	3	wner of		SS	Maryla:	nd	ountry)	12.CI11		'HAT COUNTRY	
Michael Li	pp <b>y</b>				El	len Mye	rs					
IS. WAS DECEASED EVER	RIN U. S. ARMED FOR If yes, give wor or dates of i	HRYVICE)	SOCIAL SECURITY 1.7-32-71		SS E.	Louise	Lippy	600-A	drTaney	Ave.	• ,	
Conditions, if an gave rise to in couse (o), stating t lying couse lost.	the under-	) ) :]	Cerelly			eska					and death	
PART II, OTH	ER SIGNIFICANT CON	iditions (	CONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEAS	E CONDITION G	IVEN IN PAR		PERFORMED?	
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter no	ture of injury in	Port I or Por	t () of item 18.)				
ZOC. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED  Not while  of work			URY (Home, far office bldg., et		or town)	(0	County)	(Stote	
saw the decease	t (I) (this haspita ed alive an	l) attend	led the deceas			712:05	66, ta_ A.M. fram	/ 2-//( the causes o			(I) (we) las	
220 SIGNATURE	uer 83. ]	ho	mon,		M D PHYS	<b>A</b>	MED. DIRECTOR	STAFF PHYS	1.6	Dec	1960 1960	
22c PHYSIC/AN'S NAME (Type)	James B. T	homas	, M. D.		224	8 N. Ma	rket St	t., Fred	erick,	Md.		
230 BUR AL, CREMATION REMOVAL (Specify) Burial	12-17-6		Mount O					TION (City, town		d	(Stote)	
M. R. Etch	s signature ison & Son	, Fre	derick,	Waryla	nd	250 REC	DEC 1 9		SISTRAR'S SIG		4	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 e funeral director, O HOSPITAL AT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be ready the hospital or attending physician.

If INERAL SECTION After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to buriol, cremation, ar removal, and in any event, within 72 hours, after-death. TO HOSPITAL moy be r

VR A1S (4) 15M 9/59



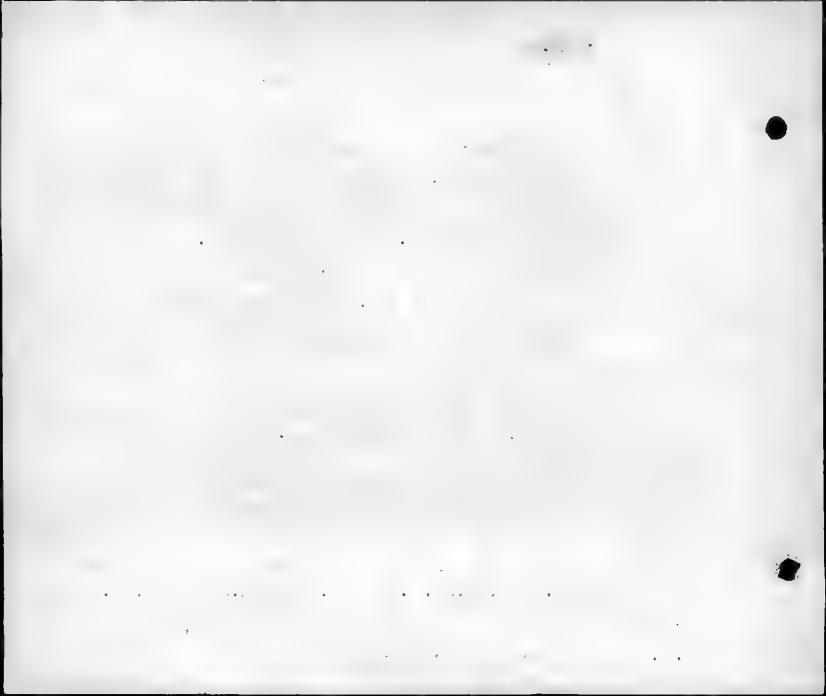
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

L		3858		CERTIF	ICA	IE (	שלו זכ	чп						
٦,	PLACE OF DEATH					2 US	UAL RESIDEN	CE (Whe	ere decease			n: Residence	before adn	HSSION)
	Fred	derick		MARY	LAND		STATE	ylan	લે	þ	COUNTY	Freder	rick	
Г	b. CITY OR TOWN ( RURAL and give n	If outside carporate limits,	write	c. LENGTH OF STAY	IN 1b		CITY OR TOV			orate limit	s, write RU	RAL ond giv	re nearest to	wn)
	Frederic	S C				10	Free	deri	ck					
Г	OR INSTITUTION	TAL (If not in haspital, give	e street c	oddress)		d	STREET ADD	RESS						ESIDENCE
	Frederick	Memorial H	ospi	tal			221	Eas	t Pat	rick	Stre	et		NO I
3	NAME OF	First		Middle			Last		4. DATE OF		Monti	1	Day	Year
	(Type or print)	ROBERT		M.	Ma	cD01	UGAL		OF DEATH		Dec	ember	27.	1960
S.	SEX	6 COLOR OR RACE 7	MARR	IED NEVER MARRIE			OF BIRTH			9. AGE	(in years	IF UNDER T	YEAR IF UN	
	Male	White v	VIDOWE	D DIVORCE		28	March	188	7	73	irthday) yrs.	Months D	lays Hou	rs Min.
10	USUAL OCCUPATION	ON (Give kind of work do	ne 10b	KIND OF BUSINESS O	R INDUS	STRY   11	BIRTHPLACE	(State a	r foreign c	ountry)		12. CITIZI	N OF WHA	TCOUNTRY?
R	etired Tra	king life, even if retired)	R	ailroad Co			Shelby	vvil	le. T	enn.		USA	1	
_	FATHER'S NAME					14 A	AOTHER'S MA							
	Alexander	MacDougal				F	loretta	a Hol	bbs					
15	WAS DECEASED EVE	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO	17 IN	IFORM/	LNT				Addre	953		
100	No No	(If yes, give wor or dates of serv	ice)		Mr	s. (	Gladys	Jame	es Ma	cDoug	gal (	Same a	as ite	m #2)
	18 CAUSE OF DEA	ATH [Enter only one cous	e peçilin	e for (o), (b), and (c) 1	1								INTERVAL	
		ATH WAS CAUSED BY:	B	machin			1000						ONSET AN	Carva
	401	IMMEDIATE CAUSE (o)_ DUE TO	101		73.4		neme.	0					8 4	-azyr
	Conditions, If	au urhlah V		<b>V</b>										
	gave rise to i						-							
L	lying cause lost,	the under-												
N O		(c) . HER SIGNIFICANT CONDI	T-ONS C	ONTRIBUTING TO DE/	ATH BUT	NOT RI	LATED TO TH	ETERMIN	NAL DISEAS	SE CONDI	TION GIVE	N IN PART	I(a) 19. WA	S AUTOPSY
CATO	1. Antonio	time who as	. 1-4	0 0-		0:	2111	1	an	1011	man.	e The	PER YES	FORMED?
\$44	200 ACCIDENT W	AS UNDERLYING 17	Ob. DESC	RIBE HOW INJURE OF	CCUPRE	O (Enter	r nature of in	ory in P	art I or Po	rt II of ite	m ## )	77-	1123	an HOLL
CERT	OR CONTRIBUTING	AS UNDERLYING   1/2 G   CAUSE OF DEATH MEDICAL EXAMINER)				,					<i>V</i> .			
S		RY Month, Day, Year	20d. (N	JURY OCCURRED	20e. PL/	ACE OF	INJURY (Hon	ne, farm,	20f. (Cit	y or town	)	(Co	uniy)	(State)
MEDICAL	Hour a.m.	19	While of work	Not while	100	crory, st	reet, office blo	dg., elc.)						
-					£	11	15	105	17	1100	2.7	30/2/	2 45 - 5 11	(get) last
		at (I) (this haspital)	1											
	saw the decea	sed alive and	- 24	19.60, and	rnar a	learn (	accurred o	19	M, Irom	ine co	uses and	an the	agre stat	ed abave.
	1 /10	. // (	1			M.D A	TTENDING HYS.	6 MEI	D ECTOR [	STAFF		28	Dec 1	960 SIGNED
	22 PHYSICIAN'S	cong V-	1000	are_			d. ADDRESS	a DIK	ECIUK L	rnis			200 4	,,,,
	NAME (Type)	Henry V. Ch	ase,	xakax, M. D	•	2	E. Cl	nurcl	h St.	, Fre	ederi	ck, Mo	ì.	
23	BURIAL, CREMATIC	ON, 236 DATE THEREOF		23c NAME OF CEME	ETERY O	R CREM	ATORY	-	23d LOCA	TION (Ci	ly town, o	r county)	(\$	tate)
	Burial (Specify	12-30-60		Mount Ol:	ivet	Cer	netery		Fred	ericl	c, Ma	rylane	ì	
24	FUNERAL DIRECTOR	'S SIGNATURE	The	ADDRESS			25	a REC'D	BY REGIS	TRAR :		TRAR'S SIGN		
	M. R. Etch	nison & Son,	rre	derick, Mai	гата	na	DA	ATE DEC	3 0 '6	0	an	hun S. t	Laine	

ITENDING INVIICIAN: The law requires that the death certificate be executed within 24 hours when death. Page 4 uneral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and gampletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 Ihauld be the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

VR A15 (4) 1SM 9/59



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MARYLAND	STATE	DEPARTME	NT OF	HEALTH	
					а

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

13849

	1 3 3 4 1								
1. PLACE OF DEATH O COUNTY Fred	erick		MARY	LAND	USUAL RESIDENCE (WI		b. COUNTY	. Residence before	re admission)
b. CITY OR TOWN (IF of RURAL and give near Frederick	est tawn)	s, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (IF a		ral RD#1	RAL and give ne	parest fown)
d NAME OF HOSPITAL OR INSTITUTION Frederick	(If not in hospitat, gi	Hosp	ital		d. STREET ADDRESS McKaig	5			e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	JOHN		FREDERI		MASSER Lost	4. DATE OF DEATH	Manth De	ecember	
s sex Male	77.00 0 1	7. MARR	NEVER MARRI		DATE OF BIRTH 12 <b>Oct</b> 1871	5		Months Days	Hours Min
100. USUAL OCCUPATION during most of working Retired F	(Give kind of work of life, even if retired)	lone 10b.	Farm Owner		Y 11. BIRTHPLACE (Store Maryls		intry)	USA	F WHAT COUNTRY
13. FATHER'S NAME Frederick	Masser				MOTHER'S MAIDEN I				
15. WAS DECEASED EVER			SOCIAL SECURITY NO		Paul G. Mas	sser, R	D#4, Fred		Md.
Canditions, if any gave rise to improve (a), stating the lying cause last.	nediate DUE TO		CONTRIBUTING TO DE	ATH BUT N	or RELATED TO THE TERM	SINAL D SEASE	CONDITION GIVE	Bres	19 WAS AUTOPSY PERFORMED? YES NO IN
PART H OTHER	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Part I or Port	If of item 1B.)	1	TO NO E
20c. TIME OF INJURY Haur a m.	Manth, Day, Yea	While	NJURY OCCURRED  Nat while t at work		E OF INJURY (Hame, form ry, street, affice bldg, etc		or town)	(Caunty	) (State
21. I certify that saw the decease 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type)	i i	20 g	home		ath accurred at 301	NED IRECTOR	STAFF PHYS	an the date	22b DATE SIGNED 1960
230 BURIAL CREMATION REMOVAL (Specify) BURIAL	236, DATE THEREO		23c NAME OF CEM				on (City, town, or		(Stote)
M. R. Etchi		Fre	ederick, Ma	rylan		'D BY REGISTR		RAR'S SIGNATU	

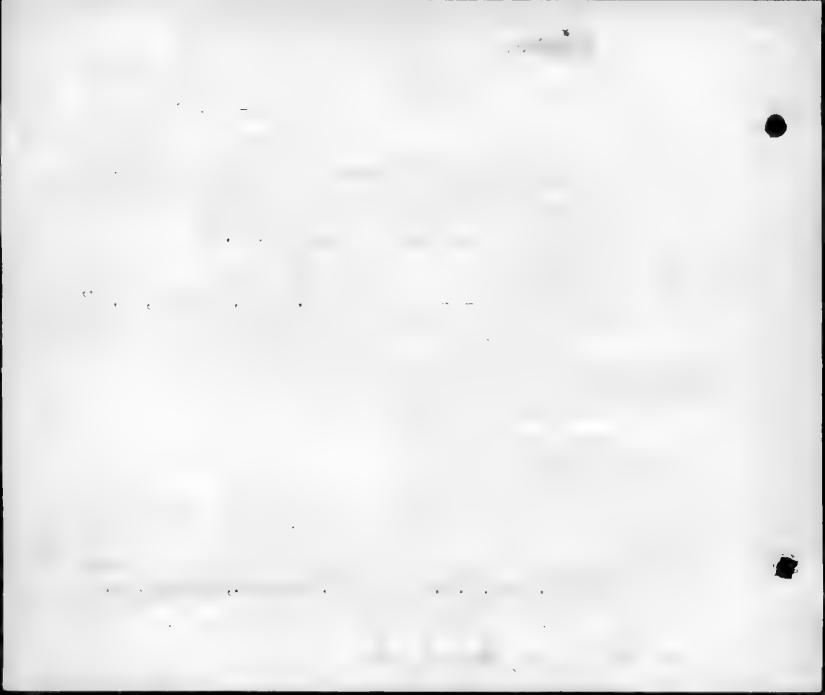


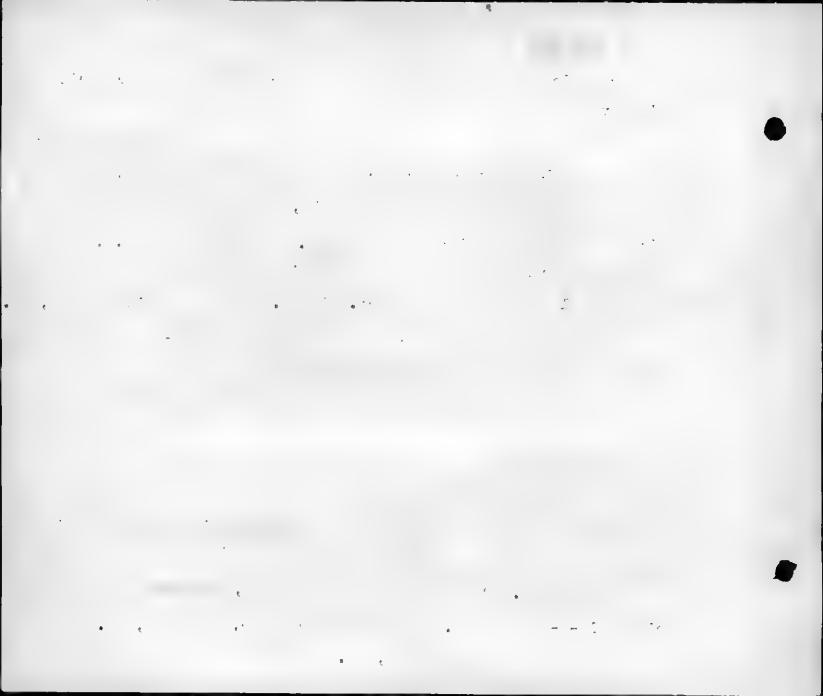
**CERTIFICATE OF DEATH** 

1	PLACE OF DEATH O. COUNTY Fred	erick		MARY		USUAL RESIDENCE O. STATE Mary	E (Where	deceased I	ived. If instituti b. COUNTY	on: Residence be	ore admiss	sion)
1	b. CITY OR TOWN (III  RURAL and give ne  Frederick	outside carporate limi arest town)	ts, write	c. LENGTH OF STAY  2 Weeks	IN 1b	c. CITY OR TOWN			e limits, write R		earest town	n)
	_OR INSTITUTION	AL (If not in hospital, g Memorial i	_	_ '		d. STREET ADDRE		own Ro	ad			FARM?
	3. NAME OF DECEASED (Type or print)	WILLIA		AUGUSTUS		SSER Last	4	DATE OF DEATH	Mor De	cember .	-/	Yeor 19 60
	s SEX Male	6. COLOR OR RACE	7 MARI WIDOW	RIED NEVER MARRI		Aug 1876	6	9	AGE (In years last pirthday)	Months Days		Min.
	10a USUAL OCCUPATIOn during most of work Retired 1	N (Give kind of working life, even if retired Farmer	dane 10b.	Farm Owner	r	Shooks1	town,	MG.	ntry)	12.CITIZEN O	OF WHAT	OUNTRY?
1	Frederick	Wasser				Elizabet						
	IS. WAS DECEASED EVER		ervice)	SOCIAL SECURITY NO 14-10-5278				3	23 Brád rederic	dock Ave	,	
	Canditions, if all gave rise to it couse (o), stoting lying cause lost.	mmediate (	a	rteriose	lev	ent of	hai	tuz.	erauz	è /	Joga 10 gr	yr at
l	CATE CATE		DITIONS	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	TERMINA	LL DISEASE	CONDITION GIT	VEN IN PART 1(a)	PERFC	AUTOPSY ORMED?
l		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (	Enter nature of inju	ry in Par	t I or Part I	l of item 18.)			
	20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Doy, Ye	or 20d. I While ot was			OF INJURY (Home r, street, office bld)		20f. (City o	r tawn)	(Count	()	(Stole
	21. I certify that saw the decease 22a SIGNAPIRE		) attend	ded the deceased		th accurred &	:15R	O, .ta I, fram tl	ne causes ar	19 <b>60</b> , and an the da	te stated	we) last dabave b DATE SIGNED
	22c PHYSICIAN'S NAME (Type)	Henry V.	Chase	, M. D.	M.D	22d. ADDRESS		St.,	Frederi	.ck, Md.	Dec 1	960
	23a BURIAL, CREMATIO			23c. NAME OF CEM	ETERY OR C				ON (City, town,		(Sto	te)
	Burial (Specify)	12-15-60	)	Rocky Sp	rings					nty Mar		
	24 FUNERAL DIRECTOR	S SIGNATURE	ni E	ADDRESS	Day			REGISTR		istrar's signat		

ATTEMBING FINYSICIAN: The law requires that the Seath certificate be executed within 2st hours after death. Sage = uneral director, may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs ofter death. TO HOSPITAL C VR A1S (4) 1SM 9/59





14	-		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	Ž.		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13852
FOR STA	TE		13892 Reg. Dist. No.
HEALIH D	EPI.		PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
3.5. dge	1		TEderick MARYLAND O. STATE Maryland b. COUNTY Frederick
결합	4	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
of purification	2	18	mitteling RD3 Mears & Emitteline RD3
27.5		d	I. NAME OF HOSPITATION (If not in hospital, dive street oddress)  d. STREET ADDRESS  o IS RESIDENCE ON A FARM?
S C C C C C C C C C C C C C C C C C C C	1		YES NO 🖭
a ding		3 1	NAME OF Lost 4. DATE Month Doy Year
de de de de			Type of print) Charles Luther Wa Claim DEATH Dearmber 16 1960
orth of the		5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 9 DATE OF BIRTH 9. AGE (In yours   IFUNDER LYEAR IF UNDER 24 MRS
May write			Wale White WIDOWED DIVORCED Soft 26/904 Soft yes Months Days Hours Min
15 5 15 15 15 15 15 15 15 15 15 15 15 15		10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
25. 0gg on 0			uring most of working life, even (Frehred)
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		13	FATHER'S NAME
E SE SE		1.0.	Clare Clare Dans
Par Bolo	- /	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT
# 15 S E .			no, or unknown) [I' yes, g ve wor or do've of enruce)
Phin with mit.		-	yes army 2 1. 1 214-09-2995 Word Northy M- Warn
and indi			18 CAUSE OF DEATH [Enter Inly one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:
ate ate			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) [ Creanary Treambers Municipality
nor or o			A4-30 DUE TO
9 5 5 5			Conditions, if ony, which by
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		П	gove rise to immediate cause (a), stating the underlying DUE TO
nin nin			couse last. (c)
d os		Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
of lo		CERTIFICATION	YES NO DP
Se di :		TIFE	206 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING []
A Pin	C	Ü	CAUSE OF DEATH.
E Prese	Α.	3	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (Stole)
30.5		MEDICA	Hour e. m., While Not while toctory, street, ornce bidg., etc.) p. m. 19 of work of work
and a special		^	21. I certify that I taok charge of the remains described abave, held an Autopsy . Inspection . Inquiry . and in my
X A S			
Tole of a second			apinion death resulted from: Natural causes 2. Accident . Suicide ., Hamicide ., Undetermined monner
S S S S S S S S S S S S S S S S S S S	*	Н	ACTUAL BOTTES OF ALL CHIEF MEDICAL EXAMINER (
a a			SIGNATURE
the the transfer of the transf			EXAMINER'S PORT TO THE 12 TO TO
NE de la contra		72.	
S S S S S S S S S S S S S S S S S S S		210	REMOVAL (Specify)
5 , 5 ,		22	BURIAL 12/16/60 FAIRFIELD FAIRFIELD FAIRFIELD FAIRFIELD PENNA
VS ATEME		13	The state of the s
5M 2, 57		//	alter of Store Waynesboro, Penna Date Del 19 00



	_	19099	CERTIFICA	IE OF DEATH		
	PLACE OF DEA	тн			nere deceased lived. If institutio	n Residence before admission)
	o. COUNTY	Frederick	MARYLAND	o. STATE Md	b. COUNTY	rederick
	CITY OR TO	WN (If outside corporate limits, w	c LENGTH OF STAY IN 16	c CITY OR TOWN (If o	outside corporate limits, write RU	IRAL and give nearest town)
	Thui	mont Rural	40 yrs.	Thurmont	Rural	
	d. NAME OF H	OSPITAL (If not in hospital, give i	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ON 111011101	Home				YES NO
	NAME OF DECEASED	First	M'ddle	Last	4 DATE Mont	Day Year
	(Type or print)	HATTIE	JOSAPHINE	MILLER	DEATHDOG . 31 .	I960 19
5	SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRTH	last birthdoy)	Months Days Hours Min
_	male			ct. 5. 1885	75 yrs.	Million Doys Hours Mill
0e	during most o	PATION (Give kind of work done f working life, even if retired)	106 KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CIT ZEN OF WHAT COUNTRY
	House	wife	Own Home	Mass.		U.S.A
3.	FATHER'S NAM	E		14. MOTHER'S MAIDEN N	NAME	T (2)
	homas	Obrein		Harriette	MESSE	R
	WAS DECEASE s, no. or unknown)	DEVER IN U.S. ARMED FORCES? (if yes, give wor or dotes of service		IFORMANT	Addre	855
	No		No Hen	ry Miller	Thurmont .R .I	).2 MD
		F DEATH [Enter only one couse	per the for (a), (b) and (c) ]	) ,		INTERVAL BETWEEN
	PART	DEATH WAS CAUSED BY IMMEDIATE CAUSE (o).	Carebral IA	romboses		12 hour
	,~	DUE TO	1 0 0 D-	A 1 0	*	-
		if any, which ) (b)	Cerebral Us	leriosekero		2 4/2:
		to immediate DUE TO				(/
_	lying couse	121-				
6	, Part il	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WAS AUTOPS' PERFORMED?
3		n.	me_			YES NO
CERTI	OR CONTRIBL	IT WAS UNDERLYING [] 206 ITING [] CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I at Port It of item 18 )	
Š				ACE OF INJURY (Home, form		(County) (Stat
MED	Hour o		While Nat while Tox	clory, street, office blog., etc.		
	21 1 certify	that (I) (this hasnital) a	ttended the deceased frame	Dec. 26- 10	60 to Dec, 31	, 19, that (I) (we) la
			3/-1960, and that a			
	22a. SIGNATU		/	1/	and the course of	22b, DATE
		Hamer M.	ray.	M.D. ATTENDING MI	ED. STAFF	SIGNE
	22c PHYS CIA		1	22d. ADDRESS		
	1 ANY OF GO	James K.	Gray	Thurmont	. MD	
23c	BURIAL CREA	MATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCAT ON (City, town, o	r county) (State)
	REMENALIS	al Jan.3.196	I Blue Ridge	Cem. Thu	rmont, Fredk.	CO MD
24	JUNERAL DIRE	CTOR'S SIGNATURE	ADDRESS		4.4	TRAR'S SIGNATURE
1	Raymor		Thur moust.	VAD DATE AN	4 '61   anth	un S. Kraus
5	/					

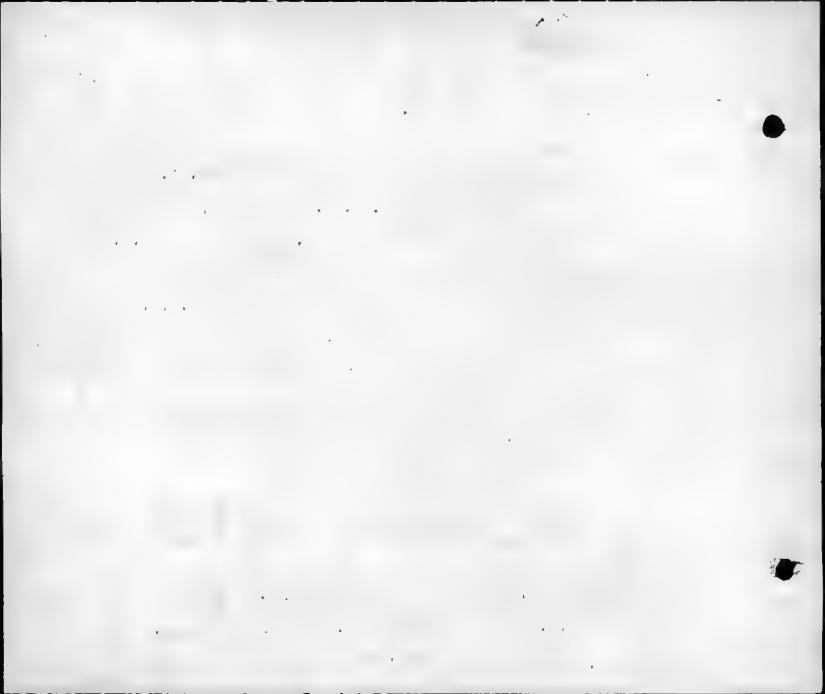
ATTINDING FOR THE THE law remuirs that the death certificate be executed within 24 hours after death Page 4 may be revaid by the haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL CE

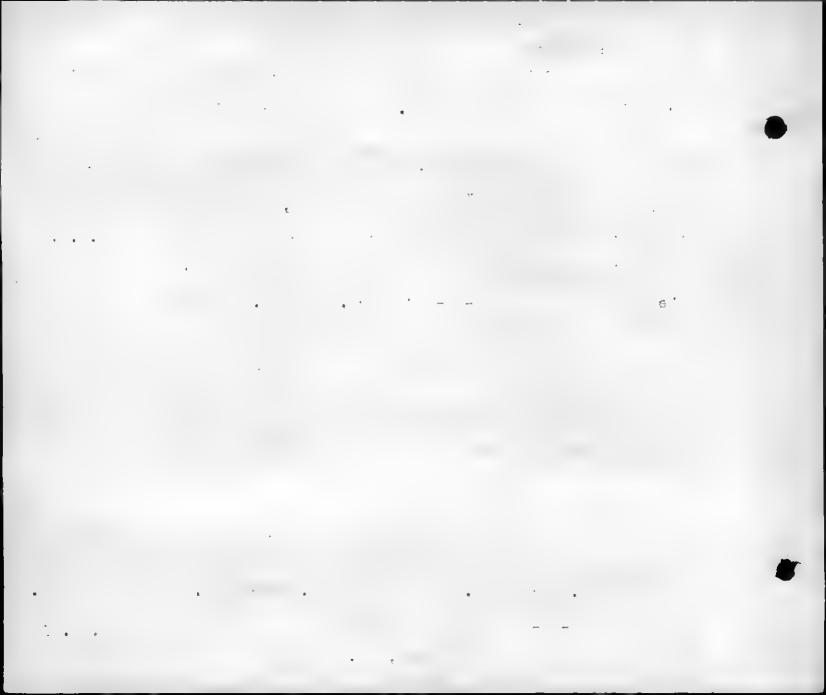
uneral director,

should be

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within 24 haurs after

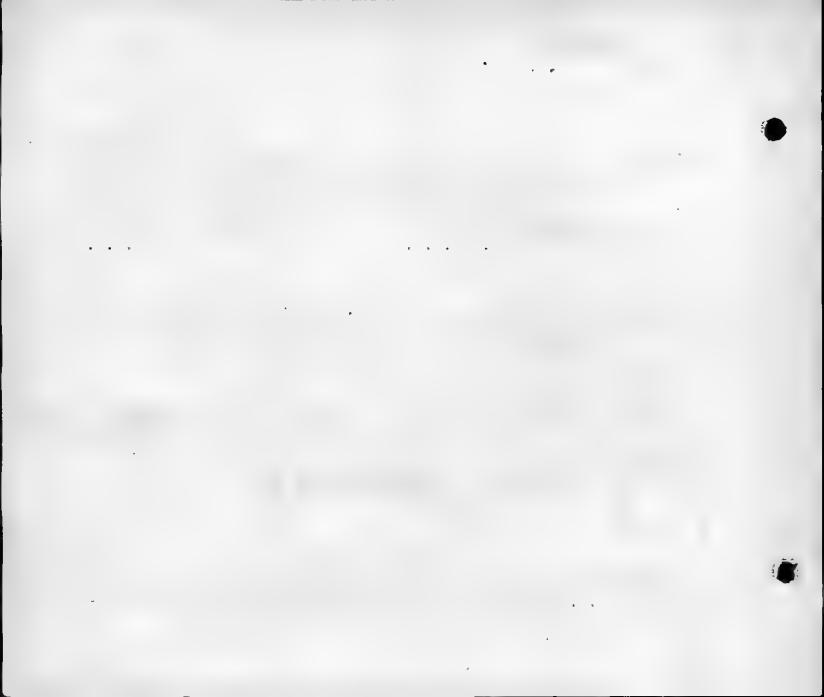


FOR STATE inecessary, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defay is n execute the case, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the faneral 4 shauld be "worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained TE INURRAL DIRECTOR Roll 3 shauld be used so a larial-transit permit. File pages 1 and 2 with the State B. Et its designified agent, prior to burial, cremation, or remover, and in any event within 72 hours after death.

VS A15ME 5M 2 57

1	MARYLAND STATE DEPARTM	S CERTIFICATE OF DEATH 13855
ī.	1. PLACE OF DEATH Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b COUNTY Frederick
)	b CITY OR TOWN II' outs do corporate limits to EURA.   c LENGTH OF STAY IN 16 ond give nearest foun)	c CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town)  Brunswick
	B A R.R. East bound hump  3. NAME OF    NAME OF   R.R. East bound hump    Middle   Right   Rig	d STREET ADDRESS  110 East 11 A11 Street    IS RESIDENCE ON A FARM   YES   NOTE
	DECEASED (Type or print) Carlton -	NOW DEATH 12 20 1960  Date of Birth 9 AGE (1) 1900 [IF UNDER I YEAR] IF UNDER 24 HRS
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if ratired)	
	Brakeman   B.&.O.R.R.CO	Georgia U.S.A.  14. MOTHER'S MAIDEN NAME  Eula Bell
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 ( 17 et, no. or uningwn) [If yes, give wor or dates of service)	NFORMANT Address rs.Frances New.Brymswick, Maryland
	SOO X DUE TO  Conditions, if any, which (b) gove rise to immediate cause	d by multiable fractures has and death
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO  Enter nature of injury in Port 1 or Part 11 of Hom 18 )
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA 7 D m. 1. / 32 19 50 of work	) RR yard Brantwick Fred. Mi.
	21. I certify that I took charge of the remains described obcopinion death resulted from: Natural couses . Accident	
	SIGNATURE SIGNAT	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   12-21-1960
	NAME (Type) 3.0. Thomas  70. BUR AL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	Burial 112-23-1960 Saint Marks Frunswick, Maryland	Poters ville We my land  240 REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE  DATE  DATE  Carthur 2, Krauge



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in 24 hours after death.

PLACE OF DEATH a. COUNTY Frederick CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Frederick d NAME OF HOSPITAL (If not in haspital give street address)

OR INSTITUTION

Male

MARYLAND

Years

M.ddle

WILLIAM

c LENGTH OF STAY IN 16

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Maryland

c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Frederick d STREET ADDRESS

Last

NULL

Maryland

14. MOTHER'S MAIDEN NAME

East Ninth Street 4. DATE

DEATH

**b** COUNTY

Month

December

N A FARM? YES TO NO TX

060

DECEASED (Type or print) S. SEX

NAME OF

JOHN. 6. COLOR OR RACE White

13 East Ninth Street

13861

7. MARRIED NEVER MARRIED WIDOWED | DIVORCED [7] 10a USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Same

B. DATE OF BIRTH May 11, 1891

9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 69 birthday) Manths Days 12 CIT ZEN OF WHAT COUNTRY?

TISA

Auctioneer 13. FATHER'S NAME

William C. Null

Frances Cutsail

IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.

If yes, give wor or dates of service! 705-10-0008

First

Address 17. INFORMANT Mrs. Luma A. Null-Same as Item #2

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

No

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY

PERFORMED? YES NO IN

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

acurren7 Dollar 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20d INJURY OCCURRED While

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

(State)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p m.

Nat while at wark at wark

factory, street, affice bldg., etc.)

19\_ 6 3 that (i) (we) last

(County)

21 I certify that (I) (this haspital) attended the deceased fram.\_\_ saw the deceased alive on.

19.60, and that death accurred at 7:30P, from the causes and on the date stated above 22a. SIGNATURE

Louis R. Schoolman, M. D.

ATTENDING PHYS KK MED. 22d ADDRESS House Ave ing, Frederick, Maryland

PHYS

(State)

Maryland

22b DATE

BURIAL CREMATION. REMOVAL (Spec by)

22c PHYSIC, AN'S

NAME (Type)

23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 23d. LOCATION (City, town, or county)  ${f Frederick}.$ 

24, FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland DATE JAN 4

25b REGISTRAR'S SIGNATURE Orthur & Kraus

0 VR A15 (4) ISM 9/59



PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institut an Residence before admission) . COUNTY Frederick b. COUNTY Frederick Maryland MARYLAND b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Frederick Life Frederick d. NAME OF HOSPITAL (If not in hospitos, give street address)
OR INSTITUTION
OOO Charles Street d STREET ADDRESS IS RESIDENCE ON A FARM? 606 Charles Street YES NO NAME OF First Middle Lores DATE Month Day Year DECEASED ROY MELVIN NUSZ. SR. DEATH December 19 60 (Type or print) 9 AGE (in years S. SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS ast birthday) Months Days Hours Male White 13 March 190h WIDOWED [ DIVORCED | 10a, USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) Naintenance Man Oil Company Frederick. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elmer Nusz Clara Smith 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address 214-10-2689 Mrs. Bertha Nusz (Same as item #1) CAUSE OF DEATH [Enter only one cause per lige for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: 6. 6. P. **DUE TO** Conditions, if any, which (6) gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. CERT FICATION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While Not while D m at work at work 196 C, that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram... \_\_ 1960, and that death accurred 2:30PM, from the causes and on the date stated above. saw the deceased alive an. 22c SIGNATURE 22b DATE 10 Dec 1960 NED DIRECTOR | PHYS [ 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) F. Kline, M. D. 7 N. Market St., Frederick, Md. 23a. BURIAL, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State) Burial (Specify) 12-11-60 Mount Olivet Cemetery Frederick. Maryland 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland " in & Kraus DATE DEC 1 2 '60

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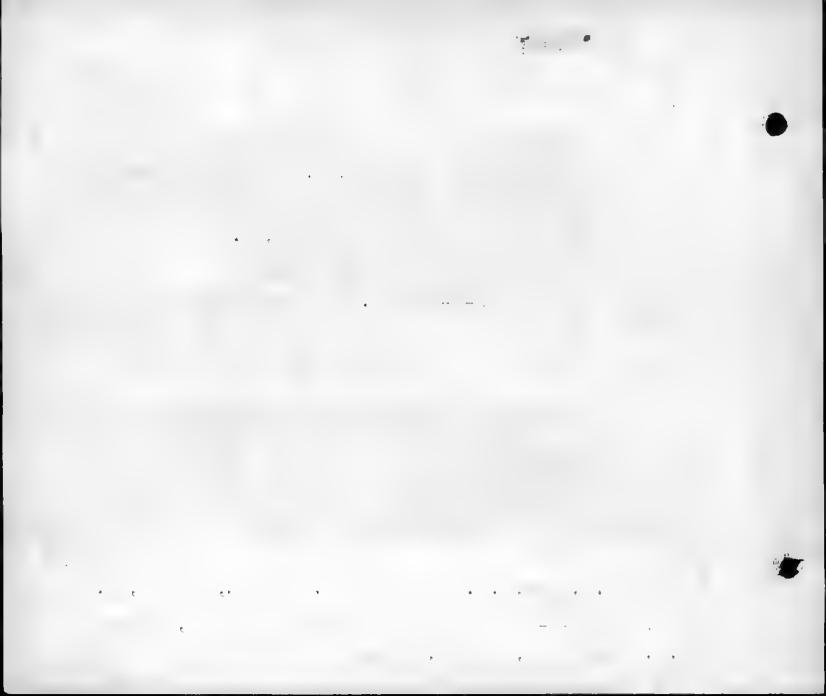
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that the death certificate be

moy be retain y the S FUNERAL DIRECTOR: ploods O HOSEITAL poge 3 shi the State E 63 0 VR A15 (4) ISM 9/59



	20=	CEKTIFICA	AIE OF DEATH		
1, PLACE OF DEATH o. COUNTY	74747		2. USUAL RESIDENCE (WH		utian: Residence befare admission)
	rick	MARYLAND	o. STATE	B COUN	Allegany
b. CITY OR TOWN (If outsi		c. LENGTH OF STAY IN 16			RURAL and give nearest town)
	llen	5 weeks	Cumberla	and	016
d. NAME OF HOSPITAL (IF		address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Vie	ctor Cullen	State Hospital	320 Waves	rly Terrace	YES NO
3 NAME OF DECEASED	First	Middle	Last	OF	anth Day Year
(Type or print)	Walter	William	Orndorff		ember 21 960
5. SEX 6. C		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday	rs F JNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.
M.	WIDOW		06t1 227 1921		
10a USUAL OCCUPATION (Gi during most of warking lif	ve kind of work done 10b. s, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
roofer		roofing	Maryla	and	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
John Ori	ndorff		Flos	ssie Welsh	
15. WAS DECEASED EVER IN J	S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		ddress Md.
	rld war II	220-10-0655	Hrs. Flassic I	Judson 351 B	alto, Avet, Cumberl
18. CAUSE OF DEATH		ne far (a), (b), and (c)	7 7		INTERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY:	Fan advenged b	ilateral pulmo	002	ONSET AND DEATH
IMMI	DUE TO	AI AUVANCEU L	TTS COLUTE DITTER	march numercen	10318
00-27					4 years
Conditions, if any, w	iole				4 , 00.2
couse (a), stating the un	der- DUE TO				
lying couse last.	, (c)				
PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	INAL DISEASE CONDITION (	DIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CA					YES NO 🔀
PART II. OTHER SIG	USE OF DEATH	CRIBE HOW INJURY OCCUR	ED (Enter nature of injury in	Port I or Port II of item 18)	
20c. TIME OF INJURY Me			PLACE OF INJURY (Home, form octory, street, affice bldg., etc.		(County) (State)
p. m.	19 While of wa	- GOLWINE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21. I certify that (I)	(this hasnital) atten	ded the deceased from	11-15-60 19	12-21-6	0, 19, that (I) (we) last
saw the degeased a	70 03	0 -			and an the date stated above.
220. NIGNAKIRE	0 11 (1)	1 dila mar	deall occurred dy	Programont the couses t	22b DATE
- 1446	had fr	gaves		ED STAFF	12-21-60 SIGNED
22c PHYSICIAN'S NAME (Type)	V C	/	22d. ADDRESS		
	ichael G Z	avis	Coll	len, Md.	
	b. DATE THEREOF	23c. NAME OF CEMETERY		23d LOCAT ON (City, town	n, or county) (State)
REMOVAL (Specify)	12/26/60	Bald Hill Co	metery	Hazen Rd. Re-	dford Co. Penna.
24. FUNERAL DIRECTOR'S SIGN	NATURE /	ADDRESS	250 REC	D BY REGISTRAR 256, RE	GISTRAR'S SIGNATURE
Mile mande	Charles	Lemen I	Mid DATE	027'60 a	other S. Kraus

TO HOSPITAL CX\_ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be remained by the hospital are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by juneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 7/2 hours offer death.

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## CERTIFICATE OF DEATH

13860 idence before admission)

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DATE JAN 5

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					CERTI	ICAIL	N DEATH	•		Reg. C	Dist. No.	1 ()	OUE
M	1, PLACI a. CO	OF DEATH UNITY	Frederi	ck	MARYL	a. ST/			d lived If institut b COUNT	4	ence before		
	RU	Y OR TOWN RAL and give Punswi		limits, write	c. LENGTH OF STAY I	N 16 c. CII	B runs		orate limits, write	RURAL ond	give neo	rest town	1)
	d NA		TAL (If not in hospit		,	d ST	REET ADDRESS	WICK				IS RES	IDENCE FARM?
		1143111011	7 Mart	h Mapi	lo Avenuo		7 N	orth	Maple .	Avon	ue		NO
	3. NAMI DECE/ (Type	OF ASED or print)	Char	First Les	Willian	R R	lost RU	4. DATE OF DEATH	-	onth 2	Day 3		Year 1960
	5 SEX	falle	6 COLOR OR RA	VIDOV	RIED NEVER MARRIE		F BIRTH 22-1894		9 AGE (In years 6 lost birthday)	Months	R 1 YEAR	Hours	R 24 HRS Min.
	duri	ng mast of wa	rking life, even if re	tired)	KIND OF BUSINESS OF		West V				TIZENOF		OUNTRY
		ER'S NAME	Tach Of T.	or order	T D CO VAIL		THER'S MAIDEN		114		U.S.	a.	
			Will:	iam O	Rau	Ma	ary Agn	es Co	nway				
	(Yes. no, o	DECEASED EV	ER IN U. S. ARMED (If yes, give wor or dole	FORCES? 16 in of service)	SOCIAL SECURITY NO.	INFORMAN	ī		Ad	dress			
	No					Mrs.ka	tric Ra	u, F	Brunswi	ck, Mi			
	18.				ine for (a), (b), and (c).]						INTE	RVAL BE	TWEEN
		PART I. DE	ATH WAS CAUSED IMMEDIATE CAUSED	8Y: SE (a) AC	ute Myoca:	rdial I	nfarcti	on				450	in.
		42	O DU	E TO	v								
	Ca	nditions, if	ony, which	љ Co	ngestive	Heart H	ailure					3 7	ion.
		ve rise to		E TO									
		se (a), stating ig couse lost		tel Co	romary In	suffici	encv					7 5	ms.
	NO				CONTRIBUTING TO DEA			INAL DISEAS	E CONDIT ON G	VEN IN PA	RT 1(o) 19	, WAS	AUTOPSY
70-	ATIC											PERFO	RMED?
	OR (IF E	ACCIDENT WONTRIBUTING	AS UNDERLYING C G CAUSE OF DE MEDICAL EXAMIN	20b. DES	SCRIBE HOW INJURY OC	CURRED (Enter n	oture of injury in	Part I or Por	rt II of item 1B )				رغز ۲۰۰
	₹ 20c.	TIME OF INJU	RY Month, Day,	Year 20d.	INJURY OCCURRED	20e. PLACE OF IN			y or town)		(County)		(State
	WEDICAL	Hour o.m.		19 While	Not while	factory, stree	t, affice bldg., etc	1					
	"		hat Lattended		sed from Dec.	28. 19	60 to De	3C - 3	7. 19 6	Chat L	last saw	the d	ACARIEN
		e an D			60, and that								
	l lau	C 011			E_3/12_/ dild fildi i	dediii decorre	ed digastotica		itreet, city or fown		ie daie		E SIGNE
AF	ACT		-		-2	<b>D.</b> -	I S S M	,				7	2 (
1	SIGN	ATURE	1			M.D.	1-12-12-12	itht.Ami	mor wie	•			-3-6
Ş		ICIAN'S LE (Type)	C.T.Byro		. II.D.		Brunswi	cl-, 1	<u>[c].</u>				
	220. BUR REM	AL, CREMATI	0		22c. NAME OF CEME		ORY	22d. LOCA	TION (City, town,	or county	}	(State	e)
		OVAL (Specify		1961	Saint P	aters		Har	pers F	Veres	WV	2	
	23. FUNE	RAL DIRECTO	SIGNATURE	22.130	ADDRESS	I	24a. REC'	D BY REGIS	TRAR 24b. REG	ISTRAR'S S	IGNĀTŪR	E	
	12	111 1	11 60 D	. mism.	ick, Maryla	III a	DATE IN	KI E 70	24				

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital ar attending physician. TO HOSPITAL of may be retain

VS A1S (4) 1SM 9/58

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13861

13803	CEKTIFICA	IE OF DEATH		
1 PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If institution: Reside b, COUNTY Fred	nce before admission) erick
b CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) Frederick	c length of stay in 1b	Frederi	utside carporote limits, write RURAL and .CK	give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street of MSTITUTION 215 East Fifth Street	address)	d STREET ADDRESS 215 Eas	t Fifth Street	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DANIEL	Middle W.	RENNER	4. DATE Month OF DEATH Decemb	er 8, 960
s sex   6. COLOR OR RACE   7 MARR   White   WIDOWE		25 Dec 1861	9 AGE (In years last birthday) yrs	R TYEAR F UNDER 24 HRS Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)  Retired Farmer	Farm Owner	TRY 11 BIRTHPLACE (Stole Maryland	-	IZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Elias Renner		Catherine		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. [Yes no, or unknown] [If yes, give wor or dates of service]		formant s. Franklin C	McCanner (Same a	s item #1)
Conditions if any, which gave rise to immediate cause (a), stating the under-lying cause last.  [b] DUE TO  DUE TO  [c] DUE TO	Sardio Va	sellar	Leaven	5 years
PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTIONS OF CONTRIBU	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition given in Pai	RT I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	). (Enter noture of injury in I	Port Lar Part II of item 18.)	
Haur o.m. While		CCE OF INJURY (Home, form tory, street, office bldg., etc.		(Caunty) (State
21 I certify that (I) (this haspital) attends saw the deceased alive an	led the deceased fram.	77 4	Hi, to 10 Ec. 8, 194 M, from the causes and an th	
22a. SIGNATURE BBB Morn	ar A		ED STAFF 1	Dec 1960
22c PHYSICIAN'S NAME (Type) B. O. Thomas, M	I. D.	22d. ADDRESS 228 N. Mar	ket St., Frederick	, Md.
230 BURIAL, CREMATION, REMOVAL (Specify)  12-10-65	Mount Olivet		23d toCAT ON (City, town or county) Frederick, Maryla	
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ederick, Maryl	o mail	D BY REGISTRAR 256 REGISTRAR'S S	1 -

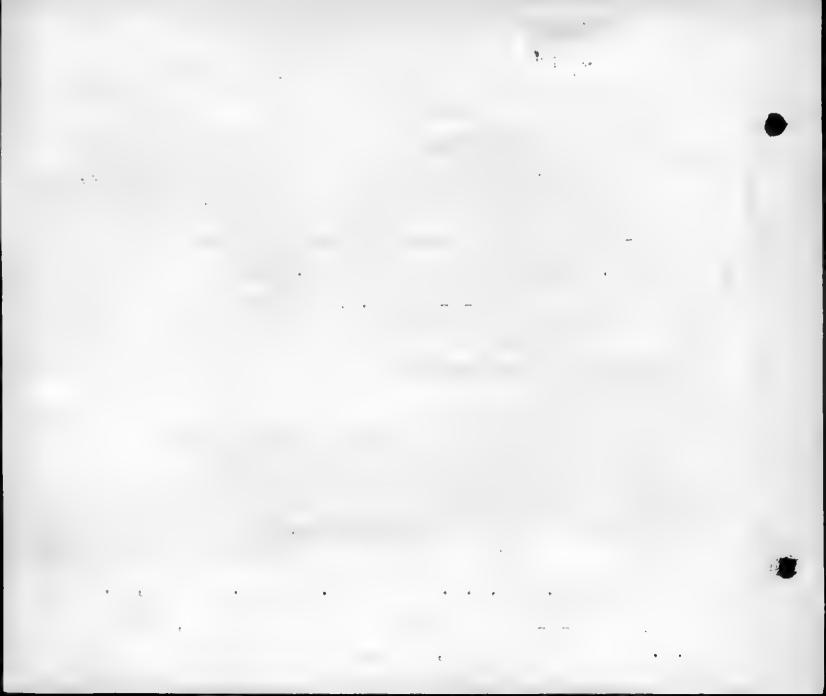
TO HOSPITAL OF ATTENDING MYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retain by the hasp tall or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial transit permit. Then please remaye carbon papers. Ragged and 2 should be filled with the State Board of Health priar to burial, cremation, or remayol, and in any event, within 72 hours ofter leath. VR A15 (4) 15M 9/59



TO HOSPITAL OF ATTINDING MINISTERIAN: The law requires that the death certificate be executed within 24 llours offer death. Page 18 may be read:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by:  TO FUNERAL DIRECTOR: After the attended by the attend				-	-
TO HOSPITAL CANTENDING MINISTERS IN The law requires that the death certificate be executed within 24 Bours offer death.  TO HOSPITAL CANTENDING MINISTERS After this certificate has been signed by the attending physician and completely filled in by mental and page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled the prior to burial, cremotian, ar remayal, and in any eventuality? hours after death	Page #		director,	led with	
TO HOSPITAL OF ATTINDING MINISTRAN: The law requires that the death certificate be executed within 24 Bours offer may be remain.  Yether the hospital or otherdring physician and completely filled in by:  Company the New Yether this certificate has been signed by the attending physician and completely filled in by:  Company the State Board of Affact Affact the burial-transit permit. Then please remove carbon popers. Pages I and 2 share the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death	death,		uneral (	ıld be fil	(
TO HOSPITAL CANTINDING MINISTERING AND The law requires that the death certificate be executed within 24 to 25 may be retain.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the straight of	urs ofter	•	by	d 2 shall	
TO HOSPITAL OF ATTINDING MINISTRAN: The law requires that the death certificate be executed with may be remained by the hospital or otherwing physician.  The may be remained the hospital or otherwing physician.  The may be remained by the hospital or otherwing physician and completely with many bear and the completely of the place of the many physician and completely of the state of the state of the state of the physician propers. Page 3 should be detached for use as the burial remain permit. Then please remove carbon popers. Page the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after de	n 24 llo		filled in	ges i an	hath
TO HOSPITAL CANTINDING METASICIAN: The low requires that the death certificate be executive may be retained by the haspital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and consider the properation of the state of the control of the state of the control of the state of the control of the state of the	ed with		pletely	ers. Pag	after de
TO HOSPITAL CALATINDING PINYSICIAN: The law requires that the death certificate by may be retain.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-tonsil permit. Then please remove cart the State Board of Health prior to burial, cremation, ar remaral, and in any event, within it.	e execut		and con	dod upo	72 hours
TO HOSPITAL OF ATTENDING MINISTER IN requires that the death certified may be retain.  TO FUNERAL DIRECTOR: After this certifier has been signed by the attending physician.  Solution of the signed of the attending physician is a should be detached for use as the burial-transit permit. Then please remember the State Board of Health priar ta burial, cremotian, ar remayal, and in any every	ficate by		ysician	ove cark	ithin (
TO HOSPITAL CALATINDING PINYSICIAN: The law requires that the de may be remain by the hospital or otherding physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the after constant of the constant of t	ath certi		nding ph	may espe	ny event
TO HOSPITAL OF ATTENDING MITSICIAN: The law requires the may be retain.  The hospital or otherding physician.  TO FUNERAL DIRECTOR: After this certificate hos been signed by cope 3 should be detached far use as the burial-transit permit, the State Board of Health priar ta burial, cremotian, ar remayal, it	t the de		the after	Then ple	and in a
TO HOSPITAL OF ATTINDINE MINSICIAN: The law requestion way be remained by the hospital or otherding physician.  TO FUNERAL DIFFECTOR: After this certificate has been signed as page 3 should be defached for use as the burial-transit githe State Board of Health prior ta burial, cremotian, at re-	aires tha		and by	permit,	maval, 1
TO HOSPITAL OF ATTINDINE ENYSICIAN: The may be retain.  TO FUNEAL DIRECTOR: After this certificate photosic page 3 should be detached for use as the burial, the State Board of Health prior ta burial, cremoting	law requ	ysician.	been sig	Iransil p	an, ar re
TO HOSPITAL OF ATTINDING THYSICIA  May be remain.  TO FUNERAL DIRECTOR: After this certific.  Solution of the State Board of Health prior ta burial.	N: Thu	ding ph	ate hos	e burial	cremoti
TO HOSPITAL OF ATTINDING III  May be retail. Ty the hospital  May be retail. Ty the hospital  TO FUNERAL DIRECTOR: After this  Soft TO FUNERAL DIRECTOR: After this  the State Board of Health prior to	<b>IIYSICIA</b>	or often	s certific	use as th	a burial,
TO HOSPITAL OX ATTIN May be read; by the may be read; con the May be read; con the May be read; con the May be read; con the State Board of Health		hospital	After thi	ned far u	n prior t
MY May be retained to FUNERAL DIX	ATTIN	y the	ECTOR:	e detacl	of Health
TO HOSPI TO HORBI TO FUNER TO FUNER THE STORE	TAL OF	retail	RAL DIR	shauld b	Board o
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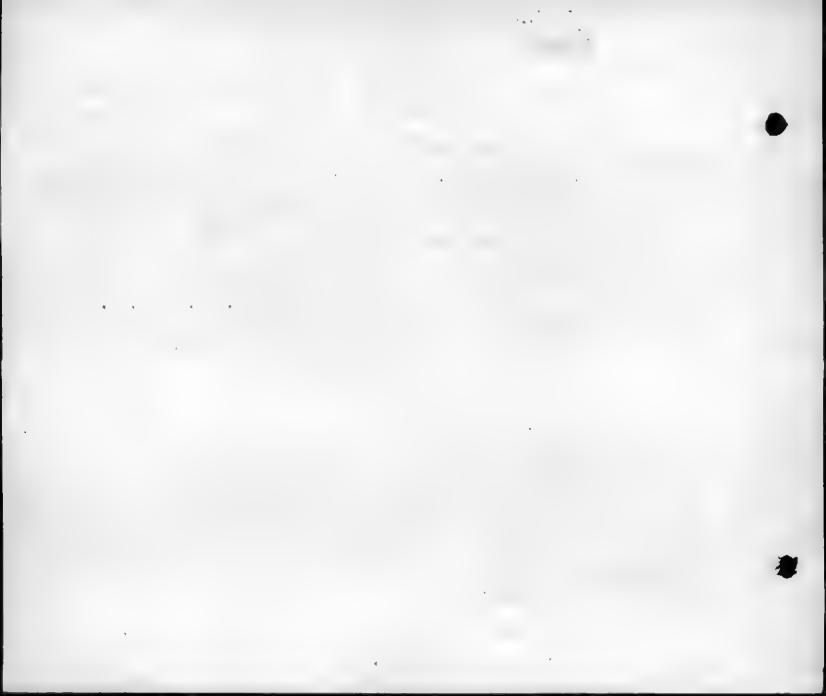
	1	9004	CERTIFIC	ATE	OF DE	ATH							
	1. PLACE OF DEATH 0. COUNTY Freder	ick	MARYLAN	1D 2 1	USUAL RESIDE	nce (wh	ere deceased nd	t lived. If in b. CO		n: Resider			ion)
	b CITY OR TOWN (If outs RURAL and give nearest Frederick	ade corporate limits, s	c. LENGTH OF STAY IN		c. CITY OR TO		utside carpo	rate limits, w	rrile Rt	JRAL ond	give near	est town	)
	d. NAME OF HOSPITAL (III OR INSTITUTION DOA Frederi				d STREET AD	DRESS		Avenu	e			IS RES	FARM
il	3 NAME OF DECEASED	First	Middle		Last		4. DATE		Monl	h	Day	, 1	Year
	(Type or print)	HARRY	WALTER	RID	GELY		DEATH		De	cemb	er 18	3. 1	19 6
	S SEX 6	COLOR OR RACE 7.	MARRIED IN NEVER MARRIED	□ B. DA	TE OF BIRTH			9, AGE (In	years		1 YEAR		R 24 H
	Male 1	White  w	DIVORCED	] 2	June	1890		70	yrs	Months	Days	Hours	Mar
	100 USUAL OCCUPATION (C during most of working I Retired-Pain	(fe, even if retired)	Construction		11 BIRTHPLACE						IZEN OF	WHATC	OUNTI
	13. FATHER'S NAME			14	. MOTHER'S N								
1	Charles G. 1	Ridgely		1	Ellen M	. St	ull						
	IS. WAS DECEASED EVER IN	U. S. ARMED FORCES		7. INFOR					Addr	ess			
/	No or Jaknown) (If yes,	, give war or dates of service	219-12-0625	Mrs.	Margar	et R	idgely	(Sam	e a	s ite	om #2	2)	
	Canditions, if only, or gave rise to imme cause (a), stating the y lying cause last.  PART II. DEATH WILLIAM  PART II. DEATH WAS UN.	AS CAUSED BY  AEDIATE CAUSE (a)  OUE TO  Which digital DUE TO  (c)  IGNIFICANT CONDIT	per line for (o), (b), and (c).]  Courte Con  The one law  IONS CONTRIBUTING TO DEATH							C EN IN PAI	ons 5	WAS PERFO	ALTOPORMED?
	O (IF EITHER, NOTIFY MED  20c. TIME OF INJURY M  Hour o. m.  p. m	Nonth, Day, Year	20d. INJURY OCCURRED 200 While Not while at work at work	PLACE ( factory,	OF INJURY (He street, office b	ome, form bl <b>óg.,</b> elc.	, 20f. (City	or tawn)		(	County)		(Sto
j	saw the deceased	alive on De	se, M. D.	211120-	O V  ATTENDING PHYS.  22d. ADDRES:	S ME	M, fram	STAFF PHYS.	es an	2	e date 20 De	stated	abay
	23a BURIAL CREMATION, 2 REMOVAL (Specify) Burial	12-21-60	23c NAME OF CEMETER Mount Oliv			,		ton (city. t lerick			ınd	(State	e)
	M. R. Etchise	on & Son,	Frederick, Mary	land		_	DEC 2 3			TRAR'S SI			



Winfield, Md.

Waltz,

VR A1S (4) 1SM 9/59





13866

CERTIFICATE OF DEATH

1	, PLACE OF DEATH		2. USUAL RESIDENCE (Where decease		nce before admission)
]	· COUNTY FREDERICK	MARYLAND	o. STATE MARYLA NO	6. COUNTY FRE	DERICK
		LENGTH OF STAY IN 16	CITY OR TOWN (If outside corpo	prote limits, write RURAL and	give nearest lown)
	RURAL and give nearest town) FREDERICA		FREDERIC	Route # 3	
	d. NAME OF HOSPITAL (If not in hospital, give street oddr.	ess)	d. STREET ADDRESS	1	e IS RESIDENCE
L	PREDERICK MEMOR	LAL HOSPITAL	Frederick R	loute # 3	YES NO
3.	I. NAME OF First DECEASED	Middle	Lost 4. DATE	Month	Day Year
	(Type or print) CLINTON	m	SCHWANT Z BEATH	DECEMBER	25, 1960
5	S SEX 6 COLOR OR RACE 7- MARRIED	NEVER MARRIED	DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS
	MALE WHITE WIDOWED	DIVORCED	6-13-1890	lost birthday) Months	Doys Hours Min
10	00 USUAL OCCUPATION (Give kind of work done 10b. KINE during most of working life, even if retired)	D OF BUSINESS OR INDUS	TRY 11, 8IRTHPLACE (State or foreign of	country) 12. CIT	IZEN OF WHAT COUNTRY?
	77	mine	MARULAND	11	I.S.A.
1;	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	SAMUEL SCHULDEST		ALICE B	DUER Peter	s
	S WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOC	IAL SECURITY NO 17. IN	FORMANT	Address	
	(Yes. no, or unknown) [If yes, give wor or dates of service)	- 34-1122	Beulah	"	
F		37 //~   Mr	S. V.Schwart	2 Rt. # 3 Fr	ederick Md
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY.	r (0), (b), and (c).	^		ONSET AND DEATH
	IMMEDIATE CAUSE (o)	con per	remona	_	2 days
	DUE TO	′			
	Conditions, if gay, which ) (b)				
	gove rise to immediate DUE TO				
	lying couse lost. (c)				
2	PART H. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY
T.A.T.	T T				PERFORMED? YES NO T
731	200 ACCIDENT WAS UNDERLYING []   1206 DESCRIBI	E HOW INJURY OCCURRED	). (Enter nature of injury in Part 1 or Pa	rt fl of item 18.)	140 - 140
	PART II. OTHER SIGNIFICANT CONDITIONS CONT  200 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
471	<u> </u>	for	CE OF INJURY (Home, form, 20f (Cit tary, street, affice bldg , etc.) !	y or town)	(County) (State)
24.6	Description of the property o	1401 MUNE	india, since blog , etc.)		
	21. I certify that (I) (this hospital) attended	the deceased from	1040 10	12-25- 19/	O_, that (I) (we) last
	saw the deceosed olive an 12-25-		eath occurred of LISM, from		
	I saw tile deceased out a dil 15 3-35	Tivate your man a	early occurred organisms, from	the couses and on th	
	220 SIGNATURE		ATTENDING MED	STAFF	22b DATE
		-	ATTENDING MED DIRECTOR 22d. ADDRESS	STAFF PHYSAE	22b DATE
	220 SIGNATURE	mas, ms	M D PHYS 💥 DIRECTOR 🗆	STAFF DE	22b DATE
2:	220 SIGNATURE  220 PHYSIC ANS NAME (Type)  230. BURIAL, CREMATION, 23b DATE THEREOF 23	mas, ME	22d. ADDRESS  Producek	STAFF PHYSIC DS  MION (City, town, or county)	225 DATE SIGNED 25, 1960
2:	22c PHYSIC ANS NAME (Type)  23c. BURIAL, CREMATION, 23b DATE THEREOF 23 REMOVAL (Specify)	c. NAME OF CEMETERY O	22d. ADDRESS  CREMATORY  23d LOCA	MION (City, town, or county)	22b DATE SIGNED 25, 1960
	22c PHYSIC ANS NAME (Type)  23c. BURIAL, CREMATION, 23b DATE THEREOF 23 REMOVAL (Specify)	mas/m8	22d. ADDRESS  CREMATORY  23d LOCA	MION (City, town, or county)	22b DATE SIGNED SIGNED (Slore)

TO HOSPITAL (\*\* STENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be remain, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician of decampletely filled in by "uneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carron papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within [7] pages ofter death.

VR A1S (4) 15M 9/59

death. Page 4

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## Who. FOR STATE HEALTH DEPT. our files.

necessary, please

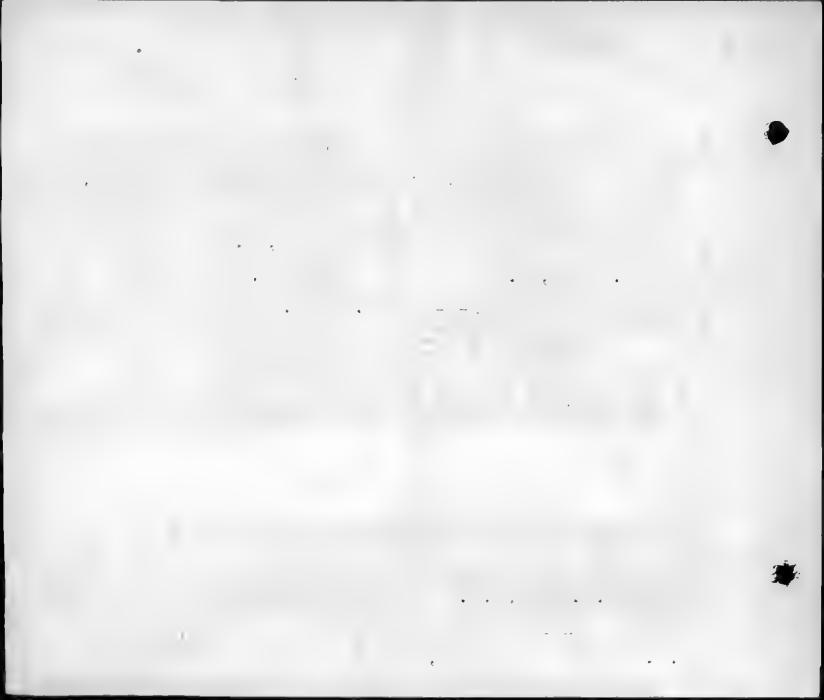
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13867MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	W							econg. with	pr. reco	m.hr
o. COUNTY Fre	derick	.,,	MARYI	- 11	o STATE Maryl				nce before ad lerick	missen)
b CITY OR TOWN III	eutside corporate I in ts. writ	# HUFAL	Life	N 1b	c. CITY OR TOWN (F		orate limits, write	RURAL and	give nearest	fown)
	AL OR INSTITUTION ( Second Stre		spital, give street address	1	d STREET ADDRESS 207 East	Second	Street		01	RESIDENCE N A FARM
3. NAME OF DECEASED (Type or print)	CHARI		AUST IN	SHI	Lost ERALD	4. DATE OF DEATH	Dec	ember	Doy 12,	Year 19 <b>60</b>
5. SEX Male	6. COLOR OR RACE White	7 MARRI WIDOWE	DIVORCED		O Aug 1919		9 AGE (in years lost buthday)	Months (	YEAR IF UN	Min
100. USUAL OCCUPATION during most of working Forenam	ON (Give kind of working life, even if retired)		kind of Business or i otical Compa		Frederick		untry)	12 CITI2 US	EN OF WHA	T COUNTR
13 FATHER'S NAME			1	1.	MOTHER'S MAIDEN	NAME				
Allen F.	Sherald, S	r.			Elizabeth	M. Sul	llivan			
15. WAS DECEASED EV		RCES? 16	SOCIAL SECURITY NO	17 INFO	PRMANT		Address			
Yes WWII	fit has fine and the density of	2	212-14-7107	Mrs	Betty L.	Sherale	il (Same	as it	em #1)	)
Conditions. if agave rise to immed (o), stoling the couse lost.	underlying DUE TO	Cor	onary Occlu						Minut	es
ZOG, EXTERNAL CAL	JSE WAS 20		BE HOW INJURY OCCUR					EN IN FARI	PERF	ORMED?
PRIMARY OF COICAUSE OF DEATH.  20c. TIME OF INJUI  Hour w, m, p, m.		Whit	INJURY OCCURRED 20 le Not while ork of work	e PLACE fectory	OF INJURY (Home, for , street, office bldg., etc	m, 20f. (City (	or lown)	(Cour	nty)	(Stote)
	resulted from:	Natural	remains described causes (1) Accid	-		Homicide	spection 🔼 Undete		nanner [	Ind in my
	B. O. Thoma				ASSISTANT MEDICAL	995	_	13	Dec 1	1960
270 BURIAL CREMATIO BURIAL (Specify)			Mount Oliv				erick, M	-		ple)
M. R. Etc.		ı, Fre	ADDRESS Mar	ylan	d	D BY REGISTR		STRAN'S SIG		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any deay is necess execute the case, writing the word "pending" in mucil in Item 18. Give Pages 1, 2, and 3 to the funeral for 4 should be recorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Busical or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS ATSME 5M 2,57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

CERTIFIC

E DEPARTMENT OF HEALTH	1.0000
H AND RECORDS - BALTIMORE 1, MARYLAND	13868
CATE OF DEATH	

1. PLACE OF DEATH	Leviels	MARYLAND 2	g STATE	NCE (Where deceased ryland	b. COUNTY	Residence befo	
b CITY OR TOWN (If outside corporal RURAL and give nearest fown)	to limits, write c LENGTH O	F STAY IN 16		WN (If outside corpo erick-Rura		IRAL and give nec	arest fown)
d NAME OF HOSPITAL (IF not in hospi OR INSTITUTION		rial	d STREET ADI				e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	RBARA	Middle AN	SMIT.	4. DATE OF DEATH	Pac	h 900	1960
S. SEX 6. COLOR OR I		MARRIED A B. I	Dec (	6, 1960	9. AGE (In years last birthday) yrs	Months Days	Hours Min.
10a. USUA. OCCUPATION (Give kind of during most of warking life, even if	work done 10b. KIND OF BUSI		K	E (Stote or foreign co	ountry)	12 CHIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME ROOF	En Lorraine	Swith	4. MOTHER'S M	AIDEN NAME	-c Boy	2h	
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no, or unknown) (If yes, give wer or do		RITY NO 17, INFO	RMANT //C	other	Apldre	955	
1B. CAUSE OF DEATH [Enter only of PART I, DEATH WAS CAUSED IMMEDIATE CAI	) BY:	ond (c).]				INTI	ERVAL BETWEEN SET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stoting the under-lying cause lost.	(b) UE TO I M	matu					3 clys
PART II OTHER SIGNIFICANT  20 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMI	CONDITIONS CONTRIBUTING		,			NIN PAKI I(0)	PERFORMED? YES NO A
	EATH	JURY OCCURRED. (	Enter noture of i	njury in Part I ar Par	t II of item 18 )		
20c TIME OF INJURY Month, Doy Hour a.m. p. m.	Year 20d INJURY OCCURI While Not while at work of wark	factor	OF INJURY (Ho y, street, office b		or town)	(County)	(State)
21 I certify that (I) (this has saw the deceased alive an	//	eased fram_@ , and that dea		1960 10 at 7:44 AM	The causes one		nat (I) (we) last e stated above.
220 SIGNATURE RLG	ruest	M E	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS		226 DATE S GNED
22c PHYSIC AN'S NAME (Type) R. L. G	uest, M. D.		22d ADDRES	665.30	dst. F.	rodork	B, NO
230 BURIAL, CREMATION, 236 DATE TO BURIAL (Specify)		of CEMETERY OR C			TION (City, town, olerick, Ma	r county)	(State)
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison &	Son, Frederick		9	SO REC'D BY REGIST		TRAR'S SIGNATU	



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Frederick

MARYLAND

13869

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
o. STATE Many 1 and b COUNTY Fine decaded like

**b** COUNTY

Maryland

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J		Pe	P
D	MD.	3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be file	the State Board of Health prior to burial, cremation, or removal, and in any event with
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1. PLACE OF DEATH

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eral be		ŧ	CITY OR TOWN (If autside corporate limits, write c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
op na			Lifetime	Thurmont					
je si		(	d NAME OF HOSPITA's (If not in hospital, give street address) OR NSTITITION	d. STREET ADDRESS		e IS RESIDENCE			
by by			Own Home	Water Street		YES NO			
i .E ii /	$\wedge$	3. 1	NAME OF First Middle	Last 4. DAT	TE Month D	Day Year			
2   S   S   S   S   S   S   S   S   S			DECEASED (Type or print) Minia D. Smith	OF DEA	TH Dec. 3	19 60			
thin y fi		S. 9	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF UNDER TYEA	R IF UNDER 24 HR			
ter et			Female White WIDOWED TO DIVORCED	March 12, 1874	los birthdoy) Months Doys	Hours Min			
uted impl per:		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND			OF WHAT COUNTR			
E DO			during most of working life, even if retired) Housewife Own Home	Maryland	TI .	S.A.			
and ban 72 h			FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
ian car	/		Benjamin Firor	Amanda Lightner					
Pysic Name	T	n c		INFORMANT	Address				
£ 4 £ 57		Yes	Bo of unknown) . (If were mine water or distant of consumit	Lillian Smith	- I	has free			
th c ding lise (	,	-		DITITED SMICH		ryland			
dea tend plea			18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART DEATH WAS CAUSED BY	0-1	4 101	ITERVAL BETWEEN NSET AND DEATH			
den d			IMMEDIATE CAUSE (0) Delet diseas	e " Orlerio scler	the 14 pa	year			
が 代表の			+20.0 DUE TO (1)		f 1//	0			
s th			Conditions, if ony, which ) (b) Generalized as	timos clerosis -	severe 1	Lyean			
uire gne peri			gove rise to immediate out to DUE TO			-			
an. an. n sig			lying couse lost. (c)		<u> </u>				
dw sici		PATTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS							
: 1 1 1 Post- Dara letter general enfectelement 2						YES NO			
ing ing te h te h bur		200. ACCIDENT WAS UNDERLYING 2018 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of I lem (1)							
I AN Fica Fica The		GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
SIC att erti as		S		PLACE OF INJURY (Home, farm, 20f. (	City or town) (County	y) {Stot			
IIIIY I ar irs o use to b		AFD	Hour o.m.  19 at work at work	octory, street, office bldg., etc.)					
Print for the rior			21 I certify that (I) (this hospital) attended the deceased from	V1148 5 1057.	NOC. 3 - 10/00	that (IX ) as (			
Afred h				//					
the tool	3		saw the deceased alive an/10-0 (30 1960 and that	Beath accurred at New, Tra	im the causes and an the da	22b DATE			
日の日本			The state of the s	ATTENDING MED	STAFF -	SIGNI			
d b			22c PHYSICIAN'S	M D PHYS. DIRECTOR  22d. ADDRESS	PHYS				
AL oule			NAME (Type James K. Gra(y)		ont, Maryland				
PIT e re ERA 3 sh									
HOS dy b FUN FUN	1	1	BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY		OCAT ON (City, town, or county)	(Stote)			
OFORT	1		surial 12-5-50 United Br		urmont, Maryla				
F F	13. 1	74"	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REC					
VR ATS (4) 15M 9/59	Y	10	ymong Orlage Thurmont,	MarylandoATE DEC 8	160 Certhury S. Fire	are4			

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# **FOR STATE** Poge files. Heolth, 9 poges File 9 0 psed ъ 010

HEALTH DEPT. should FUNERA 0 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13876 Rea. Dist Na I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I yed If institution: Residence before admission o. COUNTY b COUNTY MARYLAND CUTY OR TOWN III c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs'de corporate limits, write RURAL and g've negrest town) OR INSTITUTION (If not in hospital, give street address) E IS PESIDENE ON A FARA YES NO NAME OF 4. DATE DECEASED (Type or print) DEATH 6 6. COLOR OR BACE 7. MARRIED NEVER MARRIED TO DATE OF AIRSA AGE (In years IF UNDER LYEAR IF UNDER 24 Months Dovi Hours WIDOWED [ DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (If you are war or dates of service) 18 CAUSE OF DEATH [Enter only one couse per I newfer (a), (b), and (c), } INTERVAL BET MEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS WAS AUTOPSY PERFORMED? NO [ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 200 EXTERNAL CAUSE WAS FRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) Not while a. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection M and in my opinion death resulted from: Notural causes 13 Accident Suicide 17. Homicide . Undetermined monner ACTUAL **DATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22c NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, Jayen **ADDRESS** 244. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 2 3 '60 FURNIA



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

#### CERTIFICATE OF DEATH

13871

1. PLACE OF DEATH 1000000000000000000000000000000000000	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before udmission) o. STATE Maryland b. COUNTY Frederick
Thurmont rural 25 yrs	2.0
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	RD 2  e. 15 RESIDENCE ON A FARM?  YES \( \) NO \( \)
3 NAME OF DECEASED (Type or print) Calvin David Staub	
s sex 6 color or race 7. Married Never Marrie widowed Divorce	195 Dirthdoy) Months Days Hours Min
10c USUAL OCCUPATION (Give kind of work done during most of working tife, even if refired)  Laborer  Farmers	DR INDUSTRY 11 BIRTHPLACE (State or fore gn country)  Maryland  U.S.A.
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
David Staub	Cassandra Grushon
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  None  None	Albert Staub Thurmont, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  CAUSE OF DEATH  (b)  DUE TO  DUE TO  Column (c)	d asterios clerosis 2 ys.
none	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part I ar Part II of Item 18.)
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a m p. m. 19 While of work of work	20e. PLACE OF INJURY (Home, farm 20f. (City or town) (County) (State factory, street, office bldg., etc.)
21 I certify that (I) (this haspital) attended the deceased saw the deceased alive an DEC. 2 - 19 60 and	I fram Dec. 1958 to Dec. 1960 that (I) (we) last that death accurred at h. M., fram the causes and on the date stated above
220 SIGNATURE ATT Aray	M.D. ATTENDING MED. STAFF SIGNED STAFF
22c PHYSICIAN S NAME (Type James K. Gray	Thum ont, Md.
Dr. victor / Secondary	AETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)  B. Cemetery near Ladiesburg, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  AND THE	emont, Md. DATE DEC 6 '60 256 REGISTRAR'S SIGNATURE

TO HOSPITAL OF VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

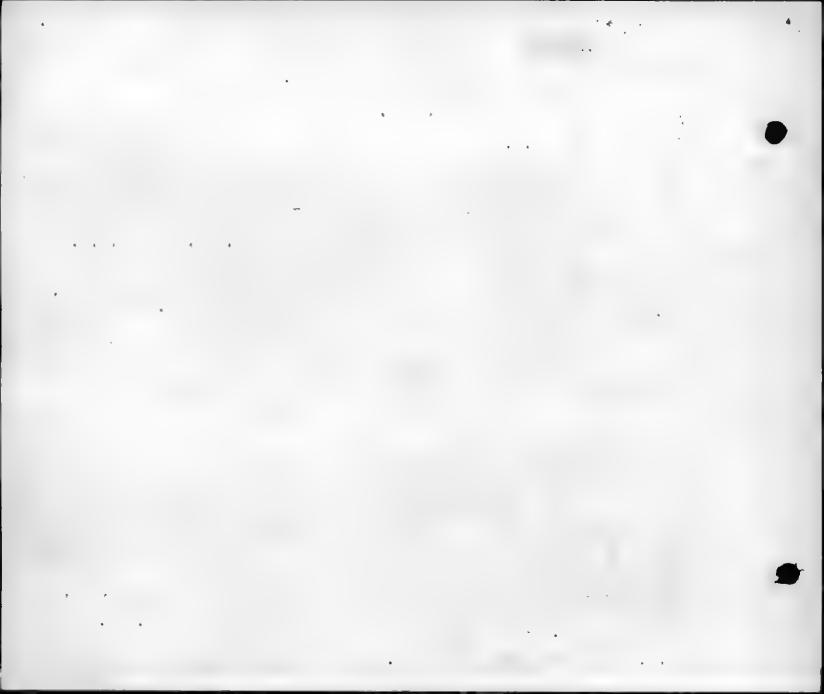
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VS A15 (4) 15M 9/58 -

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
CERTIFICATE OF DEATH	

M

13900	CERTIFICA	ATE OF DEATH	Reg. Dis	1. No. 1386
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease o, STATE		e before admission)
Frederáčk	MARYLAND	Md.	b. COUNTY Fred	prick
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prote limits, write RURAL and gi	ive nearest town)
Aural	1 yr.3llon.	Rural		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Tiams ville P.O.	kdress)	d. street address  I jam sville P. (	0.	e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF First	Middle	Lost 4. DATE	Month	Day Year
(Type or print) Oscie	mi	nompson DEATH	December Il	19 60
5. SEX   6. COLOR OR RACE   7. MARRIE			9 AGE (In years   IF UNDER )	YEAR IF UNDER 24 HRS
Female Colored WIDOWED		March 21-1037	last birthdoy) Months 73 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Ki	IND OF BUSINESS OR INDU			EN OF WHAT COUNTRY?
during most of working life, even if retired)  Domestic	######################################	Frederick Co.	3d. U	.3.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
George Young		Hannie Hawkir	ng	
	OCIAL SECURITY NO.	NFORMANT		ick-Md.
3,000	15-26-2120	Roland Thompson		
18 CAUSE OF DEATH [Enter only one couse per line				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	who arrows	my beckery		ONSET AND DEATH
4 d C - O DUE TO		2		
Conditions, if ony, which	lent silend	in dum Dis	ense	20 400
gave rise to immediate DUE TO		-		0
lying couse lost. (c)				
PART IF OTHER SIGNIFICANT CONDITIONS CO	INTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
	Huma			YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part or Par	t If of item 18.)	ŕ
	fa.	ACE OF INJURY (Home, form, 20) (City	r or town) (C	ounty) (State)
Hour o.m. While p.m. 19 at work		ctory, street, office bldg., etc.)		
21. I certify that I attended the deceased	from July	1959 to Bec.	31 , 19 60 that I las	t saw the deceases
		accurred at 5 P.M. from		
0	0.0		treet, city or town, state)	DATE SIGNED
SIGNATURE COST L. W.	75	M.D		
PHYSICIAN'S R.L. MICHELS		Shopping Cente	r Frederic	k, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	TION (City, town, or county)	(Stote)
Burial Jan. 4-61	Eberneezer	Fre	derick Co. M	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIG	NATURE
C.E.Hicks lll Fred	erick, Md.	DATE JAN 6	61 Orling g	K
· · · · · · · · · · · · · · · · · · ·				



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

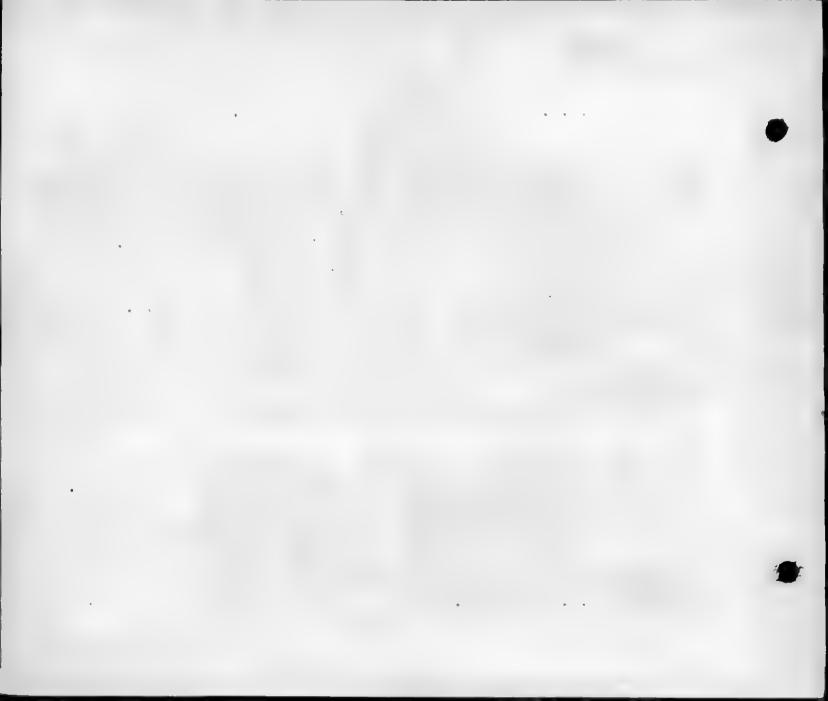
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L	12	001	~1~~~	EXAMINE		CERTIFICA		DEPITE	Reg. Di		0001
	PLACE OF DEATH	407	-			2. USUAL RESIDENCE	•			nce before od	lmissian)
	. COUNTY F	rederick		MARYL	AND	o. STATE Mar	yland	b. COU	MM Fre	deric	k
	o, CITY OR TOWN IT	outside corporate filmits, write	EJPAL E	LENGTH OF STAY IN	√ 1b	E. CITY OR TOWN			rite RURAL and	g ve neorest	lown)
	Thurmont	R.F.D.I		I I/2 ye	ars	Thurmo	nt R.	D.I			
	I. NAME OF HOSPITA	L OR INSTITUTION (IF	nat in haspital	, g've street oddress)		d STREET ADDRESS				0	M A FARMS
3.	NAME OF	First		Middle		Last	4. DATE	M	onth	Doy	Yeor
	DECEASED (Type or print)	Mildre	d	Mae		Toms	DEATH	Decemb	er	19	19 60
	'emale	& COLOR OF RACE White	MARRIED [			ec, I5, I9	24	9 AGE (In years less brithday) 36 y		YEAR IF UN	NDER 24 HPS
100	USUAL OCCUPATIO	N (Give kind of work de	one 10b. KIND	OF BUSINESS OR IN	NOUSTR	11. BIRTHPLACE (Sto	te or fareign	country)	12. CHI	ZEN OF WHA	AT COUNTRY?
L '	during most of working House	wife				Frederi	ck Co	unty	U.	S.A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN		_	1	-	
	Semuel	Kinney			ļ	Belva Ba	ughte	r			
		R IN U.S. ARMED FOR		TAL SECURITY NO	17, IN	FORMANT		Addr	'e15		
	No	4 1-21 2 1-2			Wi	lber Toms	, Thur	mont R	.F.D.1		
	18. CAUSE OF DEAT	H Enter only one cause	per line for	(e), (b), and (c) ]	PL.			* - w.a.	•	INTERVAL BET	TWEE V
	PART I. DEAT	H WAS CAUSED BY:	Thir	degree f	hii	rnes				Linu	
	716	DUE TO					_			1	
	Conditions, if or	y, which (b)									
	gove rise to immed (o), stating the u										
	couse lost	(c)_								L	ь.
CATION	PART II, OTH	ER SIGNIFICANT COND	ITIONS CONTI	RIBUTING TO DEATH	BUT NO	OT RELATED TO THE TER	MINALDISEA	SE CONDITION	GIVEN IN PART	1(o) 19. WA PERI YES	S AUTOPSY FORMED?
CERTIF	20g. EXTERNAL CAU	TRIBUTING T				ter nature of injury in P		1 of item 18.)			
1	CAUSE OF DEATH.					ng caught					
MEDICAL	20c. TIME OF INJUR	<sup>Y</sup> I <sub>2</sub> /I <sub>9</sub> / <sub>6</sub> 0	20d IN3U While of work [	Not white of work	factor HO	E OF INJURY (Home, for y, street, office bldg , e IM C	rm, 20f. (Cit tc.) Triu	rmont		my Md. Frede	
	21. I certify th	at I took charge	of the rem	ioins described	obov	e, held on Autop	sy 🔲.	Inspection [	4. Inquir	y 🔼, c	and in my
	opinion death	resulted from: N	otural cau	ses 🔲, Accid	ent 🛮	, Suicide ,	Hamicide	e 🔲, Unde	etermined n	nanner [	]
	ACTUAL SIGNATURE	BUTH	- 1/20	ras_		M.D. CHIEF MEDICAL		_		DATI	E SIGNED
Ш	EXAMINER'S	B O Thom	00 71	D		ASSISTANT MEDICA			omhom	20 10	160
-	NAME (Type)	B.O.Thom			W 01-	DEPUTY MEDICA			2	20,19	
220	PEMOVAL (Sper ly)	N 725 DATE THEREOF	1 200	NAME OF CEMETER	CT WHE	KEMATOKI	720 toca	ATION (City, fow	n, or county)	(51	lote)
22	SULLA S.	17.7/214/	60	ADDRESS		24- PE	C'D BY REGIS	7-17-2	GISTRAR'S SIG	MATURE	rad.
23.			12.00	1	/	/ 240 KE	DEC 2		Lithur .		

TO DEPUTY MEZICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any de ay is ne execute the incident writing the word "pending" is pendit in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be incided to the Chief Medical Examiner's Office along with farm PM3-Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo ar its designated agent, prior to burial, cremation, are removal, and in any event which 7; hours after death. VS A15ME 5M 2/57

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1.1.



	-13902		ERTIFICA	TE OF	DEATH						
o. COUNTY	Frederick		MARYLAND	2. USUAL o. STAT		rland	ived. If institution b. COUNTY			re odmiss rick	
b. CITY OR TOWN RURAL and give Emmits		3 30	H OF STAY IN 16	e. CITY		sburg	le limits, write Ri	-	give ne	arest town	1
d. NAME OF HOS OR INSTRUTION	THOME	ive street address)		W. STRE	ET ADDRESS					e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Kenneth		t Wagan	nan	Losi	4. DATE OF DEATH	Decei		14	,	19 6
s sex male	6. COLOR OR RACE white	7. MARRIED TO NE	VER MARRIED DIVORCED	B. DATE OF	80 <b>,1</b> 9	- 1	AGE (In yeors lost birthdoy) yrs.	Months	Doys	Hours	R 24 HRS Min.
Sanata	TION (Give kind of work dorking life, even if retired)	Health		100	THPLACE (Stole	_	ntry)	12.CI		S.A.	OUNTRY?
13. FATHER'S NAME Howard	Wagaman			1	Ruth	NAME Harbau	igh				
15. WAS DECEASED E	VER IN U. S. ARMED FORG			ormant Carol	yn B.	Wagama	ın Em	mits	bur	g R	D 1
Conditions, if gove rise to couse (a), statin lying couse los	immediate DUE TO	arter		te (	2.V d					OCU.	
200 ACCIDENT	THER SIGNIFICANT CONT	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS  20b. DESCRIBE HOW	ulee					EN IN PAI	RT 1(0)	PERFO YES	RMED?
20c. TIME OF INJI Hour a. in p. in 21   certify the	1.	While of work of work of work	while fo	clory, street,	-	60 10	<u>a</u>	7, 19		nat (I) (	(Store)
220 SIGNATURE	Wit.	adl	e ond man		DING . M	ED IRECTOR .	STAFF PHYS	u on m	e dois		b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type	W.R. Cadl					tsburg	, Mary	land	3		
Burial, CREMAT	12-17-6	0 Blu	NE OF CEMETERY C				nont,			od (Stot	e)
24 EUNERAL DIRECTO	OR'S SIGNATURE CRE	agu	ress Thurmon	t, Md		D BY REGISTRA		STRAR'S SI			

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retailed by the haspital or attending physician.

TO FUNERAL COOR: After this certificate has been signed by the attending physician and campletely filled in burneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filed with the State Board of Health prior to be individual and in may event, within 72 hours after meath.

VR A1S (4) 1SM 9/59



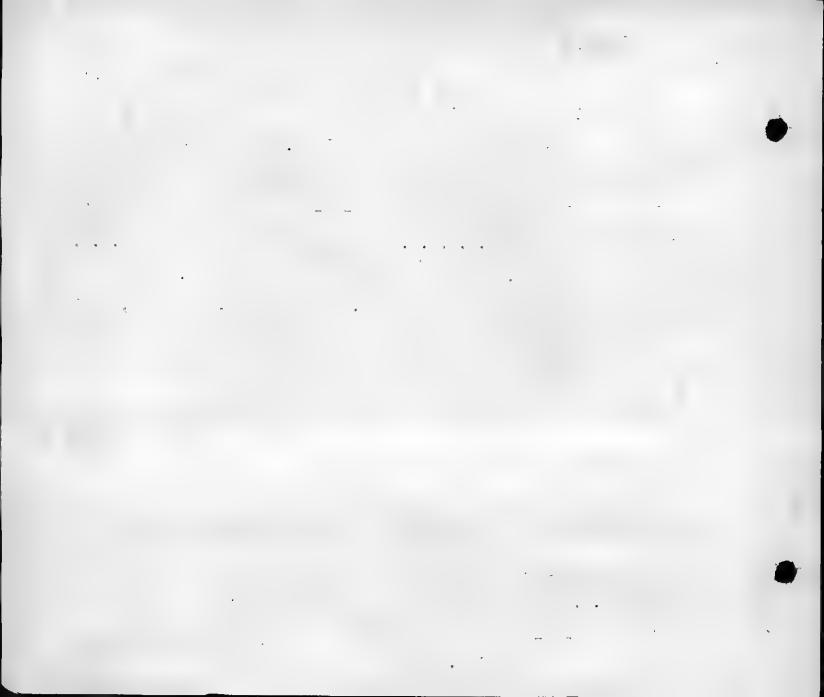
VS, A15ME \$M 2 57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13877 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13876

I PLACE OF DEATH	7 1 8 . 1.			( )	STATE THORSE		sed lived, If institu	-		isian)
	rederick		MARYLAN	10	Mert.	rland		1,1,900		, ,
b CITY OR TOWN (1: and give hearest town)	aylside corporate limits, wr	e PuRA.	c LENGTH OF STAY IN 1	lb c	CITY OR TOWN (	If outside cor	porate I mils, write	RURAL and give	neorest fov	vn)
AND THE RESERVE AND THE RESERVE AND THE	iswick		Life		grunswig	ck		Contract of the Contract of th	-	
_			ial, give street address)	4	STREET ADDRESS			1		S DEFICE A FARM.
A AND AND A	and Avenu	10			311 N.N	Japle	Avenue		YES [	ио [장
3. NAME OF DECEASED	Fir	el	Middle		Losi	4. DATE OF	Mont	- /	•	ear /
(Type or print)	John		Thomas		atts	DEATH	12	16		900
5. SEX			NEVER MARRIED	-	OF BIRTH		9. AGE (In years lost birthday)	Months   Days	R IF UNDE	R 24 HRS.
Male	White	WIDOWED			-15-1880					
10a USUAL OCCUPATIO during most of working	IN (Give kind of work)  of life, even if retired)		ND OF BUSINESS OR IND	(	. BIRTHPLACE (Slot	le or foreign :	country)	12. CITIZEN		COUNTRY
RETIREDOL	ENGINEER	В.	&.O.R.R.C		Marylar	ıd		U.S	.A.	
13. FATHER'S NAME				14, 3	NOTHER'S MAIDEN					
	George	T.Wat	ts			Ma	ary E.Ke	aller		
15. WAS DECEASED EVE	R IN U. S. ARMED FO			7. INFORA			Address		_	
No				irs.	Minnie (	redoor	Knoxvi,	Illo, Ma	ryia	nd
18. CAUSE OF DEAT	H [Enter only one cou	use per line fo	r (a), (b), and (c) ]					150	FERVAL BETWE	EN Id
PART I. DEAT	H WAS CAUSED BY:	)	Corona	ary (	oclusio	on				
430	_ DUE TO				-	-			_	
Canditions, if an	10	)								
gove rise to immed (a), stating the u										
couse last.	(c)	)								
PART II, OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BE	JE NOT RE	LATED TO THE TERM	MINAL DISEAS	SE COND TION GI	VEN IN PART 1(0)	19. WAS A	
3									YES 🗌	NO 🗌
200. EXTERNAL CAU	SE WAS	Ob DESCRIBE	HOW INJURY OCCURRED	), (Enlar n	alure of injury in Pa	ort I er Port II	l of item ?B)			
CAUSE OF DEATH.										
20c. TIME OF INJUR	Y Month, Doy, Ye-			PLACE OF	INJURY (Home, for	m. 20f. (Cit	y or tawn)	(County)		(Slate)
Haur e.m.	19	While of work	Not while of work		and annea and a	1				
21. I certify th	at I took charge	of the re	mains described a	bove, l	eld on Autop	isy 🔲, I	nspection 🖄	, Inquiry E	, one	d in my
apinion death	resulted from:	Notural co	ouses 📆 Acciden	ot 🔲	Suicide .	Homicide	Undete	ermined mon-	ner 🔲	
	2 -	1	loud .		,		t-mil			
ACTUAL SIGNATURE	5.117/2		uns	M.D	CHIEF MEDICAL	EXAMINER [	3		DATE S	GNED
		E			ASSISTANT MEDI	CAL EXAMINE	ER 🗍			
EXAMINER'S NAME (Type)	B.O. Thoms	1.5			DEPUTY MEDICAL	L EXAMINER	R	12/1	6/19	60
220. BURIAL, CREMATIO	N. 226 DATE THEREC	OF 2	26 NAME OF CEMETERY	OR CREM	ATORY	22d. LOCA	ATION (City, town,	or county)	(State	)
REMOVAL (Specify) Burial	12-20-1	1960	Boonesbor	20		Boos	and an	757	9	
23. FHISTRAL DIRECTOR		- J. W W 1	ADDRESS	-	240. REC	CID BY PEGIS	RAR JAN REG	STRAITS SIGNAT	ग्रेहा	-
13. hu to	Wet Br	runswi	ck, Marylan	nd	DATE	DEU :	23.00	( 17 }	Town MI	
A STATE OF THE STA		_						54-E =	******	



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13877

YES NO W

(Stote)

SIGNED

athun S. Frank

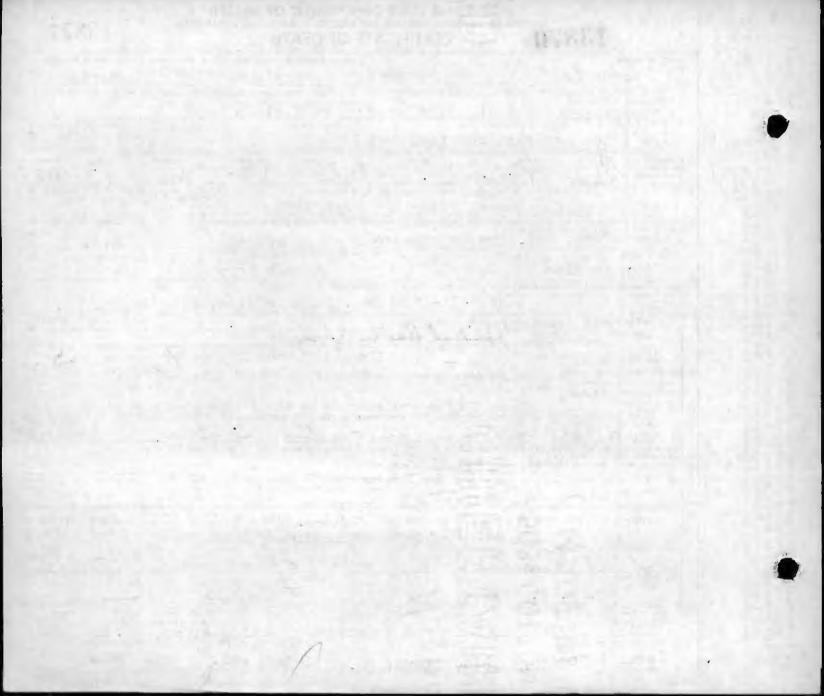
DATE EC 1 9 '60

-	tem o Filmuz 17 12-27-60 et							
AA	1. PLACE OF DEATH D. COUNTY D. COUNT	on)						
E IXI	COUNTY Frederick  MARYLAND  O. STATE  Naryland  Maryland  Naryland  Frederick							
X	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	)						
	Frederick 2 days Middletown							
069	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION: Frederick Memorial Hospital  d. STREET ADDRESS ON A YES	FARM2						
€T)	DECEASED OF	Year 1966						
(g)	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER							
	female White WIDOWED DIVORCED 0/4/1889   lost birthdey) Months Days Hours	Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. CITIZEN OF WHAT Country)	OUNTRY						
	accountant, ret. power company Maryland U.S.							
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
	Charles Wise Amanda Derr							
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [16s. no. or unknown]   [17 yes, give wor or dates of service)   0.3   17. INFORMANT							
	no 214-10-2608 Mrs. Anna McBride, Middletown, Md.							
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ]  INTERVAL BE ONSET AND	TWEEN						
9	PART I. DEATH WAS CAUSED BY: Level Jae horrhage 2 da	4						
E .	11-11-3 V DIJE TO /	-						
	(conditions, if ony, which) (b) Despertensine Carolis - vas cular Disease							
	gove rise to immediate couse (a), stating the under-							
	lying couse lost. (c) Merop Clerons							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED TO ACCIDENT WAS UNDERLYING DORON ON CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CHURCH CHIEF INDIFF MEDICAL EXAMINER CAUSE OF DEATH OF CHURCH CHIEF INDIFF MEDICAL EXAMINER CAUSE OF DEATH OF CHURCH CHIEF INDIFF MEDICAL EXAMINER CAUSE OF DEATH OF CHURCH CHIEF INDIFF MEDICAL EXAMINER CAUSE OF DEATH OF CHURCH CHIEF CHURCH							
	I tad fall resulting in colles Trachere, dr. arm YES	NO 🖸						
0	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTINO CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER!							
Marie .		(Stote						
	Hour o. m. While Not while factory, street, office bidg., etc.)	[31016]						
	21. I certify that (1) (this haspital) aftended the deceased from 12/12 1260. to 11/3 19 60 that (1) (							
	saw the deceased alive an 1960, and that death accurred at PM, from the causes and an the date stated							
1	ATTENDING - MED STAFF 121.11	SIGNED						
	M.D. ATTENDING MED STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC	60						
	NAME (Type)							
àm.	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stot	B)						
0	Durial 12/16/1960 Reformed Cemetery Middletown Md.							

Middletown: Md

Company,

TO HOSFITAL VR A1S (4) 1SM 9/S9



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	J. ( ) ( ) ( )					
1. PLACE OF DEATH	erick	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNT		
b. CITY OR TOWN (If out RURAL and give neares Rural Midd		c. LENGTH OF STAY IN 16	V	outside corporate limits, write  IV Grove	RURAL ond give neare	st fown)
d. NAME OF HOSPITAL II	of not in hospital, give street  W Nursing Hom	address)	d. STREET ADDRESS	Frederick		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Zoe	Middle <b>E. Wi</b>	tter	4. DATE MO OF DEATH Decemb	onth Day	Year 0 19
	COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 28, 18	9. AGE (In year lost birthdoy) 79 yr	Months Days I	Hours Min.
Oo. USUAL OCCUPATION (I during most of working Homemaker  3. FATHER'S NAME  Marshall O	life, even if retired)	KIND OF BUSINESS OR INDU None		c County, Mary	12.CITIZEN OF W	
IS. WAS DECEASED EVER IN			NFORMANT		Frederick	, Md.
Canditions, if on, gave rise to imme couse (o), stoting the lying couse last.	under- (c)	Something to DEATH BU	00	URAN.  MINAL DISEASE CONDITION G	SIVEN IN PART I(0) 19.	WAS AUTOPS' PERFORMED? YES NO
PART II. OTHER S  20a. ACCIDENT WAS U OR CONTRIBUTING [] ( (IF EITHER, NOTIFY MEE	CAUSE OF DEATH DICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)		
20c. TIME OF INJURY A	While	1 4-	ACE OF INJURY (Home, for interpretation, street, affice bldg., et		(County)	(Stol
saw the deceased 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	11/7	ded the deceased from and 1900, and that a	M.D. ATTENDING D	MARKET St. F		22b. DATE SIGNE
23a. BURIAL, CREMATION, REMOVAL (Specify)	236. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town		(Stote)
Burial 24. FUNERAL DIRECTOR'S SIG	12-24-1960 GNATURE	Mt. Olivet Co		D BY REGISTRAR 256, REG	Maryland GISTRAR'S SIGNATURE  Dathug & King	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retailed by the haspital or attending physician.

TO FUNERAL DINKCTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carbon pages: Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremation, ar remayal, and in any event, within 12 thous after death. VR A15 (4) 1SM 9/59

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